

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000067103

Entity Name: COM-ON-NET, INC.

FILED  
May 28, 2009  
Secretary of State

**Current Principal Place of Business:**

303 N. COPELAND AVE  
EVERGLADES CITY, FL 34139

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 369  
EVERGLADES CITY, FL 34139

**New Mailing Address:**

FEI Number: 20-2794948

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TAX ACCOUNTING & FINANCIAL ASSOC  
809 WALKERBILT ROAD  
5  
NAPLES, FL 34110 US

**Name and Address of New Registered Agent:**

TAX & FINANCIAL STRATEGISTS LLC  
3365 WOODS EDGE CIR  
#104  
BONITA SPRINGS, FL 34134 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: THOMAS WANDERON

05/28/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: VALDES, CARLOS  
Address: 303 N. COPELAND AVE  
City-St-Zip: EVERGLADES CITY, FL 34139

Title: VP ( ) Delete  
Name: VALDES, DULCE  
Address: PO BOX 369  
City-St-Zip: EVERGLADES CITY, FL 34139

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLOS VALDES

P

05/28/2009

Electronic Signature of Signing Officer or Director

Date