

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000103590

1. Entity Name
ALIGNNETWORKS, INC.



Principal Place of Business
**7785 BAYMEADOWS WAY
SUITE 302
JACKSONVILLE, FL 32256**

Mailing Address
**7785 BAYMEADOWS WAY
SUITE 302
JACKSONVILLE, FL 32256**



02062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **04-3821114** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HOFSTETTER, RONALD E
113 NATURES WAY
PONTE VEDRA, FL 32082**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D
NAME QUICK, AARON
STREET ADDRESS 3265 COUNTRY KNOLL DR.
CITY-ST-ZIP ST CHARLES, MO 63303

TITLE D
NAME HOFSTETTER, RONALD E
STREET ADDRESS 113 NATURES WAY
CITY-ST-ZIP PONTE VEDRA, FL 32082

TITLE D
NAME GRATTAN, WILLIAM T
STREET ADDRESS 812 BAY TREE LANE
CITY-ST-ZIP PONTE VEDRA, FL 32082

TITLE D
NAME OLSON, DAVID R
STREET ADDRESS 201 SOUTH ROSCOE BLVD
CITY-ST-ZIP PONTE VEDRA BCH, FL 32082

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000828233
02/25/08-80004-003 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/08

Date

704-477-8010

Daytime Phone #