


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90064 043 ***150.00

| | | | | | |
|--|---|---|---|---|--|
| DOCUMENT # P06000039369 1. Entity Name THE STELLAR NETWORK INTERNATIONAL, INC | | | |  | |
| Principal Place of Business 4601-200 BULLS BAY HWY JACKSONVILLE, FL 32219 | | | Mailing Address PO BOX 37917 JACKSONVILLE, FL 32236 | | |
| 2. Principal Place of Business - No P.O. Box # 11601 Warhawk Lane | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State Jacksonville, FL | | City & State Suite, Apt. #, etc. | | | |
| Zip 32221 | | Country USA | | 4. FEI Number 11-3773335 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MYERS, T. W 4601-200 BULLS BAY HWY JACKSONVILLE, FL 32219 | | | 7. Name and Address of New Registered Agent Name Myers, T.W Street Address (P.O. Box Number is Not Acceptable) 11601 Warhawk Lane City Jacksonville FL Zip Code 32221 | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PRES ROBERTS, M. W 4601-200 BULLS BAY HWY JACKSONVILLE, FL 32219 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | Pres Roberts, M.W. PO BOX 37917 Jacksonville, FL 32221 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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: <u>Matt Roberts</u> | | | Date: <u>5-1-2007</u> Daytime Phone #: <u>904-781-8000 x102</u> | | |