## 2005 FOR PROFIT CORPORATION

## Jan 20, 2005 08:00 AM ANNUAL REPORT Secretary of State **DOCUMENT # P94000039161** GLOBAL NETCOMMS, INC. Principal Place of Business Mailing Address 5640 BAYVIEW DR 5640 BAYVIEW DR SEMINOLE, FL 33772 US SEMINOLE, FL 33772 US 01172005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3251372 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RICE, ROBERT PJR. DO NOT WRITE 5640 BAYVIEW DR. SEMINOLE, FL 33772 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 Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution Added to Fees *ႮႮႮႮႮႮႮႮ*Ⴥ7239 OFFICERS AND DIRECTORS 10. 01/24/05-80005-001 150.00 TITLE RICE, ROBERT P NAME STREET ADDRESS 5640 BAYVIEW DR. CITY-ST-ZIP SEMINOLE, FL 34642 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(1), 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.

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

IGHT OF OFFICER OR DIRECTOR

**FILED**