2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 09, 2005 08:00 AM Secretary of State

DOCUMENT # P94000044404 1. Entity Name FAST-NET, INC.				50	ecretary of State
Principal Pla	ce of Business	Mailing Address			
10302 ST. ORLANDO, I	NES CT	10919 AUTUMN SONG CT, ORLANDO, FL 32825 US	-	4 (88 /1 88) (18 18 /14 618)) 88/17 88/17	TOW DEW SIEN BUILT BUILT BENK BIRKER IL WEL
	OO NOT WRITE	IN THIS SPA	CE	03052005 No Chg-P 4. FEI Number 59-3253059 5. Certificate of Status Desired	CF2E034 (10/03) Applied For Not Applicable \$8.75 Additional Fee Required
	6. Name and Address of Current Re	gistered Agent			
URCIUOLI, RAYMOND 10919 AUTUMN SONG CT. ORLANDO, FL 32825			DO NOT WRITE IN THIS SPACE		
5. The above the obligat	named entity submits this statement for it tions of registered agent.	e purpose of changing its registere	ed office or registere	d agent, or both, in the State of I	Rorida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and	MOTE Parales	Agent signature required w		DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	9. Election Campaign Finan Trust Fund Contribution.	cing \$5.0	00 May Be	
10.	OFFICERS AND DIF	RECTORS		en a processor de la companya de la	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST URCIUOLI, RAYMOND 10919 AUTUMN SONG CT. ORLANDO, FL 32825). 	aerali (1. 1. 1. 1.	estalis et englise	
TITLE NAME STREET ADDRESS GITY-ST-ZIP				03/09/05	80050-019 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT V	VRITE
TITLE NAME STREET AOORESS CITY-ST-ZIP		24.5		IN THIS S	PACE
NTLE NAME STREET ADDRESS CITY-ST-ZIP			ब्रह्मस् रवेशायकार्थितम् विकासायक	anners ar stanger na stange	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			· · · · · · · · · · · · · · · · · · ·		occorrence monthe de l'Anni Anni Anni Anni Anni Anni Anni Anni
indicated of the corp	ertify that the information supplied with this on this report or supplemental report is tru obtain or the receiver of trustee empower or on an attachment with an address, with	e and accurate and that my signatured to execute this report as require	ire shall have the sar	ion 119.07(3)(i), Florida Statutes, me legal effect as if made under	I further certify that the information oath; that I am an officer or director
SIGNAT		ED NAME OF NOMING OFFICER ON DIRECTO	OND VRCIVO	4 3/4/05	407-381-2882 Daysme Phone #