

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2005 8:00 am**  
**Secretary of State**

03-18-2005 90079 018 \*\*\*150.00

**DOCUMENT # P94000066072**

1. Entity Name  
**OPENNETWORK TECHNOLOGIES, INC.**



Principal Place of Business  
**13577 FEATHER SOUND DR  
STE 390  
CLEARWATER, FL 33762 US**

Mailing Address  
**13577 FEATHER SOUND DR  
STE 390  
CLEARWATER, FL 33762 US**

**30020003**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042005

Chg-P

CR2E034 (10/03)

4. FEI Number

**59-3281893**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WOLFE, RANDOLPH J  
FOLEY & LARDNER  
100 NORTH TAMPA STREET, SUITE 2700  
TAMPA, FL 33602**

Name:

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **ST** ☐ Delete  
NAME **PARKS, JEFFREY D**  
STREET ADDRESS **13577 FEATHERSOUND DR., SUITE 390**  
CITY-ST-ZIP **CLEARWATER, FL 33762**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **AS** ☐ Delete  
NAME **WORNER, ROBERT J**  
STREET ADDRESS **13577 FEATHERSOUND DR., SUITE 390**  
CITY-ST-ZIP **CLEARWATER, FL 33762**

TITLE **President** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DP** ☒ Delete  
NAME **SANTULLO, COSMO**  
STREET ADDRESS **13577 FEATHERSOUND DR., SUITE 390**  
CITY-ST-ZIP **CLEARWATER, FL 33762**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **CHENG, LARRY W**  
STREET ADDRESS **20 WILLIAM STREET, SUITE 200**  
CITY-ST-ZIP **WELLESLEY, MA 02481**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **SELLERS, M. EDWARD**  
STREET ADDRESS **I-20 AT ALPINE ROAD**  
CITY-ST-ZIP **COLUMBIA, SC 29219**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **INGERSOLL, BRANDON**  
STREET ADDRESS **16 LAUREL AVENUE, SUITE 150**  
CITY-ST-ZIP **WELLESLEY HILLS, MA 02481**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/15/05**

Date

**727-561-9500**

Daytime Phone #