## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P94000075478

Entity Name: PRAXIS NETWORK, INC.

FILED Apr 28, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

212 N. MARION ST., RM #206 LAKE CITY, FL 32055 US

Current Mailing Address: New Mailing Address:

28102 NW 174 AVE 1904 NW 12TH TERRACE HIGH SPRINGS, FL 32643 US GAINESVILLE, FL 32609 US

FEI Number: 59-3281012 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WALLACE, SHERI A

28102 N.W. 174TH AVENUE
HIGH SPRINGS, FL 32643
US

DAGLIO, RICARDO
1904 NW 12TH TERRACE
GAINESVILLE, FL 32609
US

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.

SIGNATURE: RICARDO DAGLIO 04/28/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: DP (X) Change ( ) Addition Name: HUENINK, JON C Name: HUENINK, JON C

 Address:
 28102 N.W. 174TH AVE
 Address:
 1904 NW 12TH TERRACE

 City-St-Zip:
 HIGH SPRINGS, FL 32643
 City-St-Zip:
 GAINESVILLE, FL 32609

Title: V ( ) Delete Title: DVP (X) Change ( ) Addition
Name: WALLACE SHERLA Name: DAGLIO RICARDO

 Name:
 WALLACE, SHERI A
 Name:
 DAGLIO, RICARDO

 Address:
 28102 N.W. 174TH AVE
 Address:
 1904 NW 12TH TERRACE

 City-St-Zip:
 HIGH SPRINGS, FL 32643
 City-St-Zip:
 GAINESVILLE, FL 32609

Title: ( ) Delete Title: D ( ) Change (X) Addition

 Name:
 Name:
 WALLACE, SHERI A

 Address:
 Address:
 1904 NW 12TH TERRACE

 City-St-Zip:
 City-St-Zip:
 GAINESVILLE, FL 32609

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JON C HUENINK DP 04/28/2004