

2006 FOR PROFIT CORPORATION ANNUAL REPORT

03-28-2007 90001 009 ***600.00
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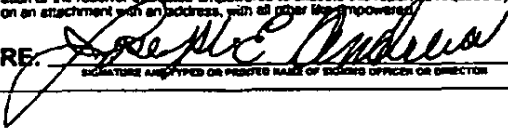
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
40045110

REINSTATEMENT

06-07



05222008 07-07-06 90001 042 5 150.00
Chg-P CR2E034 (1/05)

DOCUMENT # P95000096549			
1. Entity Name FIBER-NET, INC.			
Principal Place of Business 250 SOUTH WHITE CEDAR ROAD SANFORD, FL 32771		Mailing Address PO BOX 470922 LAKE MONROE, FL 32747 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3352778		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ANDREWS, JOSEPH E 250 SOUTH WHITE CEDAR ROAD SANFORD, FL 32771		7. Name and Address of New Registered Agent 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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when certifying)			
FILE NOW!!! FEE IS \$350.00 Due by September 6, 2006		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 #1	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ANDREWS, JOSEPH E 250 S WHITE CEDAR RD SANFORD, FL 32771 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	100103287881 05/25/07--01024--005 ***150.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ANDREWS, FRANCES J 250 S WHITE CEDAR RD SANFORD, FL 32771 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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 filers empowered.			
SIGNATURE: 		Date: 7-3-06 409328 9954	

B. Mitchell APR 27 2007