

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90050 043 ***150.00



DOCUMENT # P97000049983
 1. Entity Name
AMERICAN NETCOM, INC.

Principal Place of Business Mailing Address
 1500 NW FEDERAL HWY 1500 NW FEDERAL HWY
 STUART FL 34994 STUART FL 34994
 US US



1st MOORE CR2E034 (10/04)

2. Principal Place of Business 3. Mailing Address
 819 S Federal Hwy 819 S Federal Hwy
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 -106 106

City & State City & State
 Stuart, FL Stuart FL
 Zip Country Zip Country
 34994 USA 34994 USA

4. FEI Number Applied For
 65-0758934 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 BROTHERS, WILLIAM H
 1500 NW FEDERAL HWY
 STUART FL 34994

7. Name and Address of New Registered Agent
 Name: William H. Brothers
 Street Address (P.O. Box Number is Not Acceptable): 819 S. Federal Hwy # 106
 City: Stuart, FL Zip Code: 34994

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]* DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
~~After May 1, 2005 Fee Will Be \$550.00~~
 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BROTHERS, WILLIAM H 1500 NW FEDERAL HWY STUART FL 34994 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD WILLIAM H. BROTHERS 819 S Federal Hwy #106 Stuart, FL 34994 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE 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]* 3/25/05 561 252 1194
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #