2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 05, 2005 8:00 am Secretary of State **DOCUMENT # P97000098202** 1. Entity Name 04-05-2005 90054 031 ***150.00 **TEEONE NET INCORPORATED** Principal Place of Business Mailing Address 7035 PHILIPS HIGHWAY 1. THE 7035 PHILIPS HIGHWAY COURT & CALL OF SECTION OF SECTION PLANS OF SECTION OF SUITE 5-156 CRECORD VALUE SUITE 5-156 JACKSONVILLE, FL. 32216 US JACKSONVILLE TO THE SUITE SECRET OF A TO THE SECRET OF THE SEC JACKSONVILLE, FL 32216 US ച്ച ട്രാവ്യക്കുന്നു 2. Principal Place of Business 3. Mailing Address 110 Suite, Apt. #, etc. Suite, Apt. #, etc. 04042005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-3478806 Not Applicable Zlp Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MOELLER, ERIC Street Address (P.O. Box Number is Not Acceptable) 7035 PHILIPS HIGHWAY **SUITE 5-156** JACKSONVILLE, FL 32216 City 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) 9. Election Campaign Financing \$5.00 May Be Added to Fees FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. (2.894- <u>(E. 11 - 305-0</u> OFFICERS AND DIRECTORS - 1원 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. (£ 5-150) 11. THE TOTAL PROBLEMS. 1932 bl □ Delete 2 MACA TITLE TRIPP, WILTON KYLE ा गुलकी **५ वटाव**टा TRIFF, WILTON KYLE NAME OF LAISE NAME STREET ADDRESS 11461 CYPRES BEND CT STREET ADDRESS 148 VILLAGE GREEN CITY-ST-ZIP JACKSONVILLE, FL 32257 CITY-ST-ZIP <u> 32259</u> JACKSON VILLE, FL VP ☐ Delete TITLE ☐ Change ☐ Addition MOELLER, ERIC CHARLES NAME STREET ADDRESS 7035 PHILIPS HIGHWAY, SUITE 5-156 STREET ADDRESS JACKSONVILLE, FL 32216 CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME . NAME STREET ADDRESS STREET ADDRESS CTTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 florida statutes.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED