

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2005 8:00 am
Secretary of State

04-05-2005 90054 031 ***150.00

DOCUMENT # P97000098202					
1. Entity Name TEEONE NET INCORPORATED					
Principal Place of Business 7035 PHILIPS HIGHWAY SUITE 5-156 JACKSONVILLE, FL 32216 US			Mailing Address 7035 PHILIPS HIGHWAY SUITE 5-156 JACKSONVILLE, FL 32216 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3478806	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOELLER, ERIC 7035 PHILIPS HIGHWAY SUITE 5-156 JACKSONVILLE, FL 32216				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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE: PC NAME: TRIPP, WILTON KYLE STREET ADDRESS: 11461 CYPRES BEND CT CITY-ST-ZIP: JACKSONVILLE, FL 32257			TITLE: PC NAME: TRIPP WILTON KYLE STREET ADDRESS: 148 VILLAGE GREEN CITY-ST-ZIP: JACKSONVILLE, FL 32259		
TITLE: VP NAME: MOELLER, ERIC CHARLES STREET ADDRESS: 7035 PHILIPS HIGHWAY, SUITE 5-156 CITY-ST-ZIP: JACKSONVILLE, FL 32216			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: _____		
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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: _____ 4/4/5 904-425-0183					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					