2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 14, 2005 8:00 am Secretary of State

DOCUMENT # P98000034198 1. Entity Name ZNET INTERNET SERVICES, INC.					07-14-2005 90075 022 ***150.00					
Principal Place 1250 MINNE TITUSVILLE,		Mailing Address 1250 MINNESOTA AVE TITUSVILLE, FL 32780								
2. Principal Place of Business 1250 MINNESOTA AVE 1250 MINN Suite, Apt. #, etc. 3. Mailing Address 1250 MINN Suite, Apt. #, etc.			IESOTA A	VE	07112005	Chg-P	CR2E03			
City & Stat	TER PARK FL	City & State WINTER PARK FL			4. FEI Number 59-3505179			- 	plied For t Applicable	
Zip 327	Country	Zip 32789	Country	5. Certificate of Status Desired				¢9.75		
	Name		7. Name and	Address of New			-			
ZIRBEL, LAURA 1900 HOWELL BRANCH ROAD SUITE #3				ZIRE address (P	8 E L	LAURA er is Not Acceptal	bte)			
WINTER PARK, FL 32792			City	1250 MINNESOTA AVE City WINTER PARK FL 3272						
8. The above	named entity submits this statement for	the ournose of changing its r					Florida Lamfa	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										
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 9. Election Campaign Financing \$5.0 Trust Fund Contribution.						In accordance corporation di				
10.	OFFICERS AND D	DIRECTORS Delete	11.	<u> </u>	ADDITIONS,	CHANGES TO O		DIRECTORS Change	IN 11 ☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	ZIRBEL, LARRY 1900 HOWELL BRANCH ROAD SUITE #3 WINTER PARK, FL 32792			125	IRBEL, LARRY 250 MINNESOTA AVE INTER PARK FL 32789					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Delete Ti VALLANDARES, DANIEL K 1900 HOWELL BRANCH RD STE 3 WINTER PARK, FL 32792			VA L.	ALLADARES, DANIEL 3.50 MINNESOTA AVE NINTER PARK FL 32789					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				[Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ويونيونيون موافي	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				£• · · ·	Change	Addition	
12. I hereby certify that the information supplied with this filling 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 exacute 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone (