

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000051744

1. Entity Name
ADVANCED NETWORK SOLUTIONS, INC.



Principal Place of Business
17595 S. TAMiami TRAIL
SUITE 208
FORT MYERS, FL 33908

Mailing Address
14420 BALD EAGLE DRIVE
FORT MYERS, FL 33912-5685

FILED
Apr 14, 2005 08:00 AM
Secretary of State



01102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0844388

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KAPLAN, ANN B
14420 BALD EAGLE DRIVE
FORT MYERS, FL 33912-5685

**DO NOT WRITE
IN THIS SPACE**

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)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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
DPST
KAPLAN, ANN B
14420 BALD EAGLE DRIVE
FORT MYERS, FL 339125685

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
KAPLAN, AYTEKIN
14420 BALD EAGLE DR.
FORT MYERS, FL 339125685

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000305923
04/14/05-80103-018 150.00

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IN THIS SPACE**

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:

Ann Kaplan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/05

Date

239-561-5438

Daytime Phone #