

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000105339

Entity Name: ARROWNET, INC.

FILED
Jan 16, 2004
Secretary of State

Current Principal Place of Business:

96 NE DIXIE HWY
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

96 NE DIXIE HWY
STUART, FL 34994

New Mailing Address:

FEI Number: 65-0881716

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POST, ROBERT M
16001 S.W. MARKET ST.
INDIANTOWN, FL 34956 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: LESLIE, JEFFREY S
Address: 4153 WINGO ST.
City-St-Zip: TEQUESTA, FL 33469

Title: PD () Delete
Name: POST, ROBERT M
Address: 16001 SW MARKET STREET
City-St-Zip: INDIANTOWN, FL 34956

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change () Addition
Name: LESLIE, JEFFREY S
Address: 111 GOLFVIEW DR
City-St-Zip: TEQUESTA, FL 33469

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFREY LESLIE

STD

01/16/2004

Electronic Signature of Signing Officer or Director

Date