

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 17, 2004 8:00 am
Secretary of State

05-17-2004 90008 047 ***150.00

DOCUMENT # P99000008491

1. Entity Name

NETWISE TECHNOLOGY, INC.



Principal Place of Business

1950 1ST AVE N., #209
SAINT PETERSBURG FL 33713

Mailing Address

8374 MARKET STREET
#482
BRADENTON FL 34202

2. Principal Place of Business

6960 Professional Pkwy E

3. Mailing Address

Suite, Apt. #, etc.
100
Same

City & State

Sarasota, FL

City & State

Zip

Country

Sarasota

Zip

Country

4. FEI Number

59-3552211

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RESIDENT AGENT CORPORATION OF PINELLAS CO
980 TYRONE BLVD
SAINT PETERSBURG FL 33710

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

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

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
CEO
WADLE, RANDI C
PO BOX 3611
SAINT PETERSBURG FL 33731 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
ANTONINO, JIM
PO BOX 3611
SAINT PETERSBURG FL 33731 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
BOUTIN, ROGER J
PO BOX 3611
SAINT PETERSBURG FL 33731 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/7/04

727-515-5340

Cell phn