2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # P99000010327

1. Entity Name
ADVANCED NETWORKING & COMPUTERS, INC.

Principal Place of Business	Mailing Address
222 N WOODLAND BLVD DELAND, FL 32720	222 N WOODLAND BLVD DELAND, FL 32720

DO NOT WRITE IN THIS SPACE

01252007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3555521
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MATHEUS, DEBRA A
1785 PINE STREET
DELAND, FL

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000613588
02/05/07-80044-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	OLSEN, MICHAEL J
STREET ADDRESS	906 LAKE LINDLKY DR S.
CITY-ST-ZIP	DELAND, FL 32724
TITLE	D
NAME	MATHEUS, ERNST G
STREET ADDRESS	1785 PINE STREET
CITY-ST-ZIP	DELAND, FL 32724
TITLE	D
NAME	OLSEN, CHERYL M
STREET ADDRESS	906 LAKE LINDLEY DR S.
CITY-ST-ZIP	DELAND, FL 32724
TITLE	D
NAME	MATHEUS, DEBRA A
STREET ADDRESS	1785 PINE STREET
CITY-ST-ZIP	DELAND, FL 32724
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Debra A Matheus Debra A Matheus 1-26-07 386 738 3513
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #