

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2008 8:00 am
Secretary of State

02-05-2008 90008 032 ***150.00

DOCUMENT # P99000010327

1. Entity Name
ADVANCED NETWORKING & COMPUTERS, INC.



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

Mailing Address
**222 N WOODLAND BLVD
DELAND, FL 32720**

40018193



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01062008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

59-3555521

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MATHEUS, DEBRA A
1785 PINE STREET
DELAND, FL**

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, 2008 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
**D
OLSEN, MICHAEL J
906 LAKE LINDLKY DR S.
DELAND, FL 32724** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MATHEUS, ERNST G
1785 PINE STREET
DELAND, FL 32724** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
OLSEN, CHERYL M
906 LAKE LINDLEY DR S.
DELAND, FL 32724** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MATHEUS, DEBRA A
1785 PINE STREET
DELAND, FL 32724** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Debra A Mathews

1-25-08

Date

(386) 383 3513

Daytime Phone #