

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90059 029 ***150.00

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1. Entity Name
STEN-BARR NETWORK SOLUTIONS, INC.



Principal Place of Business
**14350 CARLSON CIRCLE
TAMPA, FL 33626 US**

Mailing Address
**14350 CARLSON CIRCLE
TAMPA, FL 33626 US**

24033022



03172004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3591635

Applied For
Not Applicable

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

**STENBERG, ANDREW
4505 ROANOAK WAY
PALM HARBOR, FL 34685**

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**

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	JOINER, JOHN	
STREET ADDRESS	395 NEWPORT DRIVE	
CITY-ST-ZIP	INDIALANTIC, FL 32903	
TITLE	VD	<input type="checkbox"/> Delete
NAME	STENBERG, ANDREW	
STREET ADDRESS	4505 ROANOAK WAY	
CITY-ST-ZIP	PALM HARBOR, FL 34685	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BARR, JOHN W	
STREET ADDRESS	17816 WILLOW LAKE DRIVE	
CITY-ST-ZIP	ODESSA, FL 33556	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Stenberg, Andrew	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3798 Presidential Drive	
STREET ADDRESS	Palm Harbor, FL 34685	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/26/04

Date

800-786-5531

Daytime Phone #