## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT # P99000051801

1. Entity Name

LIGHTSPEED NETSOLUTIONS, INC.



FILED Jan 19, 2007 08:00 AM Secretary of State

Principal Place of Business

6115 31ST STREET E

SUITE 101 BRADENTON, FL 34203 Mailing Address

6115 31ST STREET E SUITE 101

BRADENTON, FL 34203



### DO NOT WRITE IN THIS SPACE

01102007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0941072

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PERSSE, JOHN W 1800 SECOND STREET SUITE 715 SARASOTA, FL 34236

# DO NOT WRITE IN THIS SPACE

| 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 |
|----|--|--------------------------------|
| ٠, | , 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, 2007 Fee will be \$550.00

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

| 10.  | OFFICERS AND DIRECTORS   |
|--|--|
| TITLE NAME STREET ADDRESS CITY-S1-ZIP          | DP NICHOLSON, ROBERT A 6115 31ST STREET E. SUITE 101 BRADENTON, FL 34203   |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP          | D<br>PERSSE, JOHN W<br>1800 SECOND STREET, SUITE 715<br>SARASOTA, FL 34236 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          | DS DOBLE, CHARLES J 6115 31ST STREET E. SUITE 101 BRADENTON, FL 34203      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CHY-ST-ZIP  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS                |  |

U00000592094 01/19/07-80048-022 150.00

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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** 

CITY-ST-ZIP

MONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/2007

941-321-8033