

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S47836

FILED  
Jan 14, 2011  
Secretary of State

**Entity Name:** NETWORK RELOCATION REALTY, INC.

**Current Principal Place of Business:**

2 FLORIDA PARK DRIVE N  
PALM COAST, FL 32137

**New Principal Place of Business:**

**Current Mailing Address:**

2 FLORIDA PARK DRIVE N  
PALM COAST, FL 32137

**New Mailing Address:**

FEI Number: 59-3061287

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LEWERS, FRED W  
8 CARLOS COURT  
PALM COAST, FL 32137 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DPT  
Name: LEWERS, FRED W  
Address: 8 CARLOS COURT  
City-St-Zip: PALM COAST, FL 32137

Title: DVP  
Name: DELGADO, LOUIS  
Address: 2 FLORIDA PARK DRIVE N  
City-St-Zip: PALM COAST, FL 32137

Title: D  
Name: ANDERSON, THOMAS R  
Address: 2 FLORIDA PARK DRIVE N  
City-St-Zip: PALM COAST, FL 32137

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: FRED W. LEWERS

DPT

01/14/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date