

**2004 FOR PROFIT CORPORATION  
AMENDED ANNUAL REPORT**

*Amended*

**FILED**

04 DEC -2 PM 5:12


SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11-04-04 010 018 \$43.75



DOCUMENT # F03000003587

1. Entity Name  
NATIONAL COMNET SERVICES INCORPORATED



Principal Place of Business  
18545 FARM ROAD  
SMITHFIELD, VA 23430

Mailing Address  
295 BENDIX RD.  
SUITE 140  
VIRGINIA BEACH, VA 23452

2. Principal Place of Business  
*613 Lynn Haven Pkwy.*  
Suite, Apt. #, etc.  
*SUITE 110*

3. Mailing Address  
*613 Lynn Haven Pkwy.*  
Suite, Apt. #, etc.  
*SUITE 110*

City & State  
*VIRGINIA BEACH, VA.*

City & State  
*VIRGINIA BEACH, VA.*

Zip  
*23452* Country  
*USA*

Zip  
*23452* Country  
*USA*

11152004 Chg-P CR2E034 (10/03)

4. FEI Number  
54-1936610

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WHITTINGTON, BRIAN  
9271 LAZY LANE  
TAMPA, FL 33614

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_

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

Amended AR is \$61.25

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	CP MAXWELL, WALTER U JR 18545 FARM ROAD SMITHFIELD, VA 23430 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP HOPKINS, GARRY P. 295 BENDIX RD STE. 140 VA BEACH, VA 23452 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MAXWELL, KATHLEEN M 18545 FARM ROAD SMITHFIELD, VA 23430 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	500043225489 <input type="checkbox"/> Change <input type="checkbox"/> Addition 12/07/04--01009--003 **17.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>CP HOPKINS, GARRY P.</i> <i>613 LYNN HAVEN PKWY, SUITE 110</i> <i>VIRGINIA BEACH, VA. 23452</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Garry P. Hopkins* 11-30-04 757-589-6308

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #