

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 184723

FILED  
Jan 12, 2004  
Secretary of State

Entity Name: NORTHEAST FLORIDA TELEPHONE COMPANY

**Current Principal Place of Business:**

130 N 4TH ST  
MACCLENNEY, FL 320632112 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 485  
MACCLENNEY, FL 320630485 US

**New Mailing Address:**

FEI Number: 59-0798013      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

CONNER, LEON  
130 NORTH FOURTH STREET  
MACCLENNEY, FL 320632112 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CONNER, LEON  
Address: 130 NORTH FOURTH STREET  
City-St-Zip: MACCLENNEY, FL 320632112 US

Title: ST ( ) Delete  
Name: HOLLAND, EVELYN H  
Address: 130 NORTH FOURTH STREET  
City-St-Zip: MACCLENNEY, FL 320632112 US

Title: D ( ) Delete  
Name: ROSS, JOHNNY R  
Address: 120 EAST FIRST STREET  
City-St-Zip: LEWISVILLE, AR 71845 US

Title: D ( ) Delete  
Name: EASTERDAY, JANET C  
Address: 505 PLAZA CIRCLE, SUITE 200  
City-St-Zip: ORANGE PARK, FL 32073 US

Title: D ( ) Delete  
Name: CONNER, SHANNON D  
Address: 130 NORTH FOURTH STREET  
City-St-Zip: MACCLENNEY, FL 320632112 US

Title: AS.S ( ) Delete  
Name: COLQUITT, CHARLES G III  
Address: 120 EAST FIRST STREET  
City-St-Zip: LEWISVILLE, AR 71845 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: LEON CONNER

PD

01/12/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date