

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 184723

FILED
Apr 03, 2008
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 ()

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: ROSS, JOHNNY R
Address: 120 EAST FIRST STREET
City-St-Zip: LEWISVILLE, AR 71845 US

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VSTD (X) Change () Addition
Name: HAM, MITCHELL J B.
Address: 120 EAST FIRST STREET
City-St-Zip: LEWISVILLE, AR 71845 US

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 exemption stated 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 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: JANET EASTERDAY

D

04/03/2008

Electronic Signature of Signing Officer or Director

Date