

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # F96000003659 1. Entity Name THE COMMUNICATIONS CENTER (D.C.), INC.	
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Principal Place of Business 2525 DRANE FIELD RD. STE 15 LAKELAND, FL 33811 US	Mailing Address 1350 CONNECTICUT AVE #1102 WASHINGTON, DC 20036 US
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DO NOT WRITE IN THIS SPACE



01242005 No Chg-P CR2E034 (10/03)

4. FEI Number 52-1500283	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525
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**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 the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating) DATE

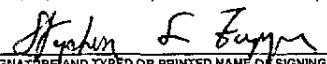
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCPT CLINTON, WALTER D 2101 CONNECTICUT AVE. NW, #4 WASHINGTON, DC 20008
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS CLINTON, GERALDINE 2101 CONNECTICUT AVE. NW, #4 WASHINGTON, DC 20008
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHLEIFER, ROBERT 11121 INDIAN OAKS DR. TAMPA, FL 33625
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ZUPPAS, STEPHEN S 16509 GRAND VISTA DR. DERWOOD, MD 20855
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UP00000205853
01/31/05-80060-010 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	1/25/05 Date	202-223-4747 Daytime Phone #
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