
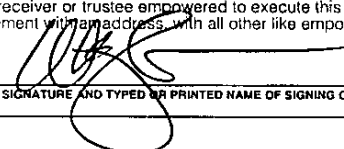


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000062056 1. Entity Name TALLAHASSEE MEMORIAL TELEPHONE COMPANY						<div style="font-size: 24px; font-weight: bold;">05 MAY -2 PM 4: 57</div> <div style="font-size: 12px;">OFFICE OF THE STATE TALLAHASSEE, FLORIDA</div>			
Principal Place of Business 1300 MICCOSUKEE ROAD TALLAHASSEE, FL 32308		Mailing Address 1401 CENTERVILLE ROAD BOX 210 TALLAHASSEE, FL 32308							
2. Principal Place of Business 1401 Centerville Rd.		3. Mailing Address Suite, Apt. #, etc. Box 210							
City & State Tallahassee, FL		City & State _____		4. FEI Number 59-3395937		Applied For <input type="checkbox"/> Not Applicable			
Zip 32308		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		04252005 Chg-P CR2E034 (10/03) <i>TS</i>			
6. Name and Address of Current Registered Agent DAVIS, JUDY 1300 MICCOSUKEE ROAD TALLAHASSEE, FL 32308				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE</small>									
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees						
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD O'BRYANT, MARK 1300 MICCOSUKEE ROAD TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="font-size: 24px; font-weight: bold;">300054667323</div> <div style="font-size: 18px;">05/17/05--01026--004 **150.00</div>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD GUIDICE, WILLIAM A 1300 MICCOSUKEE ROAD TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCDANIEL, JERRY L 1300 MICCOSUKEE ROAD TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: 			William A. Giudice			4-25-05		850-431-5238	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date			Daytime Phone #			

