

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90161 020 ***150.00



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1. Entity Name

FLORIDA TELCO SALES, INC.

Principal Place of Business

4426 SE 16TH PL #1
 CAPE CORAL FL 33904

Mailing Address

4426 SE 16TH PL #1
 CAPE CORAL FL 33904

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/04)

City & State

City & State

4. FEI Number **65-0690736**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

BACHMAN, BRADLEY S
2118 SW 12 AVENUE
CAPE CORAL FL 33991

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

Signature, typed or printed name of registered agent and title 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
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be Added to Fees
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
VS	BACHMAN, BRAD	2118 SW 12TH AVE.	CAPE CORAL FL 33991	<input type="checkbox"/>
P	BACHMAN, RACHAEL	2118 SW 12 AVENUE	CAPE CORAL FL 33991	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
P	Bachman, Brad	2118 S.W. 12th Ave.	Cape Coral, FL 33991	<input checked="" type="checkbox"/>	<input type="checkbox"/>
V	Skinner, Dominic	13281 Corbel Cir, # 2028	Fort Myers, FL 33907	<input type="checkbox"/>	<input checked="" type="checkbox"/>
S	Bachman, Rachael	2118 S.W. 12th Ave.	Cape Coral, FL 33991	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Brad Bachman **Brad Bachman President** 4/25/05 **239-540-7666**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #