

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2004 8:00 am**  
**Secretary of State**

01-30-2004 90060 042 \*\*\*150.00

**44005734**



01162004 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P97000038149</b> 1. Entity Name <b>CLUB TEL, INC.</b>			
Principal Place of Business <b>14088 ICOT BLVD</b> <b>CLEARWATER, FL 33760 US</b>		Mailing Address <b>14088 ICOT BLVD</b> <b>CLEARWATER, FL 33760 US</b>	
2. Principal Place of Business <b>14175 ICOT Blvd</b> Suite, Apt. #, etc. <b>Suite 100</b> City & State <b>Clearwater FL</b> Zip <b>33760</b> Country <b>Pinellas</b>		3. Mailing Address <b>14175 ICOT Blvd</b> Suite, Apt. #, etc. <b>Suite 100</b> City & State <b>Clearwater FL</b> Zip <b>33760</b> Country <b>Pinellas</b>	
4. FEI Number <b>59-3470044</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>JOHNSON, DANIEL P</b> <b>14088 ICOT BLVD</b> <b>CLEARWATER, FL 33760</b>		7. Name and Address of New Registered Agent Name <b>JOHNSON, DANIEL P</b> Street Address (P.O. Box Number is Not Acceptable) <b>14175 ICOT Blvd. Suite 100</b> City <b>Clearwater</b> FL Zip Code <b>33760</b>	
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 <b>President</b> DATE <b>1/14/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME JOHNSON, DANIEL P STREET ADDRESS 14088 ICOT BLVD CITY-ST-ZIP CLEARWATER, FL 33760	<input type="checkbox"/> Delete	TITLE PD NAME JOHNSON, DANIEL P STREET ADDRESS 14175 ICOT Blvd. Suite 100 CITY-ST-ZIP Clearwater, FL 33760	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME REDMOND, JOHN C STREET ADDRESS 7081 GRAND NATIONAL DR STE 106 CITY-ST-ZIP ORLANDO, FL 32819	<input type="checkbox"/> Delete	TITLE SD NAME Redmond, John C. STREET ADDRESS 14175 ICOT Blvd. Suite 100 CITY-ST-ZIP Clearwater, FL 33760	<input checked="" 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: <b>Daniel P Johnson</b> <b>1/14/04</b> <b>7275243900</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			