


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90037 006 ***150.00

DOCUMENT # 002260
 1. Entity Name
 VERIZON FLORIDA, INC.



Principal Place of Business
 201 N. FRANKLIN ST.
 FLTC0007
 TAMPA, FL 33602 US

Mailing Address
 750 CANYON DRIVE
 ATTN: INCOME TAX
 COPPELL, TX 75019 US

24008745



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01162004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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

FILE NOW!!! FEE IS \$150.00
After May 1; 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	FERRELL, JOHN A	
STREET ADDRESS	201 N FRANKLIN STREET	
CITY-ST-ZIP	TAMPA, FL 33602	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	WHITMAN, LAWRENCE R	
STREET ADDRESS	1095 AVE OF THE AMERICAS, #3914	
CITY-ST-ZIP	NEW YORK, NY 10036	
TITLE	S	<input type="checkbox"/> Delete
NAME	DROST, MARIANNE	
STREET ADDRESS	1095 AVE OF THE AMERICAS, #4124	
CITY-ST-ZIP	NEW YORK, NY 10036	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CASWELL, KIMBERLY	
STREET ADDRESS	201 N FRANKLIN ST	
CITY-ST-ZIP	TAMPA, FL 33602	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CIMAPORCERO, ALAN F	
STREET ADDRESS	1095 AVE. OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK, NY 10036	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice President CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John F. Killian	
STREET ADDRESS	1095 Ave of the Americas	
CITY-ST-ZIP	New York NY 10036	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	201 N Franklin	
STREET ADDRESS	Tampa FL 33602	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: GARY L. CONNER VICE PRESIDENT TAXES 1/19/04 214 285 2572
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #