# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 23, 2009**
**Secretary of State**

DOCUMENT# 017944

**Entity Name:** EMBARQ FLORIDA, INC.

**Current Principal Place of Business:**

5454 W. 110TH STREET
OVERLAND PARK, KS 66211 US

**New Principal Place of Business:**

**Current Mailing Address:**

5454 W. 110TH STREET
KSOPKJO802-8007
OVERLAND PARK, KS 66211 US

**New Mailing Address:**

**FEI Number: 59-0248365** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATE SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P/D ( ) Delete
Name: CHEEK, WILLIAM E
Address: 5454 W 110TH ST
City-St-Zip: OVERLAND PARK, KS 66211

Title: VP/T ( ) Delete
Name: MEREDITH, LESLIE H
Address: 5454 W 110TH ST
City-St-Zip: OVERLAND PARK, KS 66211

Title: S/D ( ) Delete
Name: EASON, MICHAEL J
Address: 5454 W. 110TH STREET
City-St-Zip: OVERLAND PARK, KS 66211

Title: AS ( ) Delete
Name: APEL, THOMAS C
Address: 5454 W. 110TH STREET
City-St-Zip: OVERLAND PARK, KS 66211 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS C APEL AS 04/23/2009

Electronic Signature of Signing Officer or Director Date