2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 176356

City-St-Zip:

FILED Feb 03, 2004 Secretary of State

Entity Na	me: ALLTEL FLO	DRIDA, INC.		
Current Principal Place of Business:			New Principal Place of Business:	
206 WHIT P.O. BOX LIVE OAK				
Current Mailing Address:			New Mailing Address:	
ONE ALLII P O BOX 2 LITTLE RO		US		
FEI Number	: 59-0717786	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of Cui	rent Registered Agent:	Name and Address	of New Registered Agent:
	RGE W E AVENUE, S.E. , FL 32060 US	3		
The above in the State	e named entity sub e of Florida.	omits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,
SIGNATUI	RE:			
	Electronic	Signature of Registered Ag	ent	Date
Election Ca	mpaign Financing T	rust Fund Contribution ().		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	D () De BEEBE, KEVIN ONE ALLIED DRIV LITTLE ROCK, AR	Έ	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	CFO () DE GARDNER, JEFFE ONE ALLIED DRIV LITTLE ROCK, AR	RY R E	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	AS () DE CAMERON, DAVID ONE ALLIED DRIV LITTLE ROCK, AR) Έ	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	S () DE FRANTZ, FRANCIS ONE ALLIED DRIV LITTLE ROCK, AR	S X E	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address:	() De	elete	Title: P Name: KOCH, JOH Address: 10005 MON	

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

City-St-Zip: MATTHEWS, NC 28105

SIGNATURE: DAVID CAMERON AS 02/03/2004