2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 28, 2005
Secretary of State

DOCUMENT# 176356

Entity Name: ALLTEL FLORIDA, INC.

Current Principal Place of Business:

206 WHITE AVE SE
P.O. BOX 550
LIVE OAK, FL 320600343

New Principal Place of Business:

Current Mailing Address:

ONE ALLIED DR
P O BOX 2177
LITTLE ROCK, AR 72203 US

New Mailing Address:

FEI Number: 59-0717786 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	BEEBE, KEVIN	
Address:	ONE ALLIED DRIVE	
City-St-Zip:	LITTLE ROCK, AR 72202	
Title:	CFO	( ) Delete
Name:	GARDNER, JEFFERY R	
Address:	ONE ALLIED DRIVE	
City-St-Zip:	LITTLE ROCK, AR 72202	
Title:	AS	( ) Delete
Name:	CAMERON, DAVID	
Address:	ONE ALLIED DRIVE	
City-St-Zip:	LITTLE ROCK, AR 72202	
Title:	S	( ) Delete
Name:	FRANTZ, FRANCIS X	
Address:	ONE ALLIED DRIVE	
City-St-Zip:	LITTLE ROCK, AR 72202	
Title:	P	( ) Delete
Name:	KOCH, JOHN	
Address:	10005 MONROE RD.	
City-St-Zip:	MATTHEWS, NC 28105	

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

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.

SIGNATURE: DAVID CAMERON AS 06/28/2005

Electronic Signature of Signing Officer or Director Date