## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 176356** 

Entity Name: WINDSTREAM FLORIDA, INC.

FILED Apr 10, 2007 Secretary of State

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Current Principal Place of Business:				New Principal Place of Business:			
206 WHITE AVE SE P.O. BOX 550 LIVE OAK, FL 320600343				4001 RODNEY PARHAM ROAD LITTLE ROCK, AR 72212			
Current Mailing Address:				New Mailing Address:			
4001 RODNEY PARHAM RD LITTLE ROCK, AR 72212 US				4001 RODNEY PARHAM ROAD LITTLE ROCK, AR 72212 US			
FEI Number:	59-0717786	FEI Number Applied For ( )	FEI Nun	nber Not Appli	cable ( )	Certificate of Stat	us Desired ( )
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:							
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US							
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  Election Campaign Financing Trust Fund Contribution ( ).						Date	
, ,					SICHANGES	TO OFFICERS	AND DIRECTORS:
Title: Name: Address: City-St-Zip:	BEEBE, KEVIN ONE ALLIED DE LITTLE ROCK, A CFO () GARDNER, JEF ONE ALLIED DE LITTLE ROCK, A AS () CAMERON, DAY ONE ALLIED DE LITTLE ROCK, A	Delete FERY R RIVE AR 72202  Delete //ID RIVE AR 72202  Delete OIS X RIVE		Title: Name: Address: City-St-Zip:	FRANTZ, FRANTA 4001 RODNEY LITTLE ROCK, PD (X GARDNER, JE 4001 RODNEY LITTLE ROCK, AS (X CAMERON, DA 4001 RODNEY LITTLE ROCK, S (X FLETCHER, JC FRANTA S (X FLETCHER) S (X FLETCHER, JC FRANTA S (X FLETCHER) S (X FLETC	PARHAM ROAD AR 72212  C) Change ( ) Addition FFERY R PARHAM ROAD AR 72212  C) Change ( ) Addition AVID PARHAM ROAD AR 72212  C) Change ( ) Addition AVID AR 72212  C) Change ( ) Addition AR 72212  C) Change ( ) Addition C) Change ( ) Change ( ) Addition C) Change ( ) Addition C) Change ( ) Change	n n
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	P (X) BEEBE, KEVIN ONE ALLIED DF LITTLE ROCK, A	Delete RIVE AR 72202 Delete RIVE		Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID CAMERON AS 04/10/2007