## 2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## FILED Apr 01, 2004 8:00 am Secretary of State

1. Entity Nam FLORIDA	MENT # 720097  TELECOMMUNICATIONS TION, INC.	SINDUSTRY				04-01-200	)4 900 <b>3</b> 9 (	003 ****(	51.25
Principal Place of Business 233 PINEWOOD DR 233 PINEWOOD DR TALLAHASSEE, FL 32303 TALLAHASSEE, FL 32303							ራ4ሀ,	5284B	
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		3. Mailing Address	, Mailing Address			11.5   11.5   11.5   11.5   15.5    15.5     15.5    15.5    15.	LB: 0101: 01411 A)	III SIBII BIBII BIBI	AREI OI IEOR
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01302004	Chg-NP	CR2E03	37 (10/03)	
City & State		City & State			4. FEI Number 59-1382	831		<b>—</b>	oplied For
Zip	Zip Country		Zip Co.			5. Certificate of Status Desired		\$8.75 Add	ditional
	6. Name and Address of Current	Registered Agent		1	7. Name and A	Address of New	Registered .		<del> </del>
				Name					
LANGSTON, SUSAN C 233 PINEWOOD DR TALLAHASSEE, FL 32303				Street Address (P.O. Box Number is Not Acceptable)					
				City			FL	Zip Cod	e
	named entity submits this statement for ions of registered agent.	or the purpose of changing	its register	ed office or re	egistered agent, or both	, in the State of F	Torida. I am	familiar with,	and accept
75	Signature, typed or printed name of registered agent	and title if applicable. (F	NOTE: Registere	ed Agent signature	required when reinstating)		DATE		
<u> </u>	Filing Fee is \$61.25 Due by May 1, 2004	9. Election (		Financing _	_ <b>\$5.00</b> May Be		DATE Make chect orida Depar		
10.	Filing Fee is \$61.25	9. Election ( Trust Fun	Campaign F	Financing tion.	\$5.00 May Be Added to Fees ADDITIONS/CHA	Flo	Make checi orida Depar	tment of St	tate
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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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 618, and the same statutes in Block 10 or Block 11 if chapter 618, and the same statutes in Block 10 or Block 11 if chapter 618, and the same statutes in Block 10 or Block 11 if chapter 618, and the same statutes in Block 10 or Block 11 if chapter 618, and the same statutes in Block 10 or Block 11 if chapter 618, and the same statutes in Block 10 or Block 11 if chapter 618, and the same statutes in Block 10 or Block 11 if chapter 618, and the same statutes in Block 11 if chapter 618, and the same statutes in Block 11 if chapter 618, and the same statutes in Block 11 if chapter 618, and the same statutes in Block 11 if chapter 618, and the same statutes in Block 11 if chapter 618, and the same statutes in Block 11 if chapter 618, and the same statutes in Block 11 if chapter 618, and the same statutes in Block 11 if chapter 618, and the same statutes in Block 11 if chapter 618, and the same statutes in Block 11 if chapter 618, and the same statutes in Block 11 if chapter 618, an

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rehwinkel 850-877-5141
Date Dayume Phone # Charles J.