

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F00000002000

FILED
Jan 28, 2009
Secretary of State**Entity Name:** TOWNES TELECOMMUNICATIONS SERVICES CORPORATION**Current Principal Place of Business:**505 PLAZA CIRCLE
SUITE 200
ORANGE PARK, FL 32073**New Principal Place of Business:****Current Mailing Address:**505 PLAZA CIRCLE
SUITE 200
ORANGE PARK, FL 32073**New Mailing Address:****FEI Number:** 73-1579916**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MCDONNELL, MARTIN P ESQ
215 SOUTH MONROE STREET
SUITE 420
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

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: TOWNES, LARRY C
Address: ROUTE 2 BOX 729
City-St-Zip: DETROIT, TX 75436

Title: WV () Delete
Name: BRIDGES, DARLA TOWNES
Address: ROUTE 2 BOX 729
City-St-Zip: DETROIT, TX 75436

Title: D () Delete
Name: ROSS, JOHNNY
Address: 120 EAST FIRST STREET
City-St-Zip: LEWISVILLE, AR 71845

Title: D () Delete
Name: JUDD, VANCE
Address: 120 EAST FIRST STREET
City-St-Zip: LEWISVILLE, AR 71845

Title: ST () Delete
Name: TOWNES, PHILLIS
Address: ROUTE 2 BOX 729
City-St-Zip: DETROIT, TX 75436

Title: D () Delete
Name: DAVIDSON, BOB
Address: 120 EAST FIRST STREET
City-St-Zip: LEWISVILLE, AR 71845

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
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Title: () Change () Addition
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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: BOB DAVIDSON

D

01/28/2009

Electronic Signature of Signing Officer or Director

Date