

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F00000005170

1. Entity Name
ADVANCED TEL, INC.



Principal Place of Business
913 SOUTH BURNSIDE AVENUE
GONZALES, LA 70737

Mailing Address
913 SOUTH BURNSIDE AVENUE
GONZALES, LA 70737

FILED
Jun 13, 2008 08:00 AM
Secretary of State



04182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
72-1025691

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
EPVC
SCANLAN, JOHN D
913 SOUTH BURNSIDE AVENUE
GONZALES, LA 70737

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
SMITH, BERYL S
913 SOUTH BURNSIDE AVENUE
GONZALES, LA 70737

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TCEO
SCANLAN, ARTHUR G
913 SOUTH BURNSIDE AVENUE
GONZALES, LA 70737

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CD
SCANLAN, RUTH B
913 SOUTH BURNSIDE AVENUE
GONZALES, LA 70737

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PCOO
BURGESS, ROBERT L
913 SOUTH BURNSIDE AVE.
GONZALES, LA 70737

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CFO
SCHEFFY, WILLIAM W
913 S. BURNSIDE AVE.
GONZALES, LA 70737

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert Burgess

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert L. Burgess 4/21/08

Date

225-621-4300

Daytime Phone #

**DO NOT WRITE
IN THIS SPACE**

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06/13/08-80004-014 150.00