

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 09, 2007 08:00 A
Secretary of State

DOCUMENT # F00000005496

1. Entity Name
TELCOLLECT, INC.



Principal Place of Business
3100 MEDLOCK BRIDGE RD
SUITE 140
NORCROSS, GA 30071

Mailing Address
3100 MEDLOCK BRIDGE RD
SUITE 140
NORCROSS, GA 30071



03232007 No Chg-P CR2E034 (11/05)

4. FEI Number 58-2522740	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES, INC.
9200 SOUTH DADELAND BLVD., STE 508
MIAMI, FL 33156

**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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000696366
04/17/07-80097-017 150.00

10. OFFICERS AND DIRECTORS

TITLE	PCD
NAME	DOHERTY, JOSEPH
STREET ADDRESS	3100 MEDLOCK BRIDGE ROAD, SUITE 140
CITY-ST-ZIP	NORCROSS, GA 30071
TITLE	D
NAME	REINHOLD, HENRY
STREET ADDRESS	59 MAIDEN LANE
CITY-ST-ZIP	NEW YORK, NY
TITLE	S
NAME	SHANKAR, JAY
STREET ADDRESS	3100 MEDLOCK BRIDGE RD #140
CITY-ST-ZIP	NORCROSS, GA 30071
TITLE	CFOD
NAME	TINA, WHITFIELD
STREET ADDRESS	3100 MEDLOCK BRIDGR ROAD, SUITE 140
CITY-ST-ZIP	NORCROSS, GA 30071
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/23/07 678-268-2338