

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 07, 2004 8:00 am**  
**Secretary of State**

05-07-2004 90123 033 \*\*\*150.00

**DOCUMENT # F00000005504**

1. Entity Name

LONG DISTANCE BILLING SERVICES, INC.



Principal Place of Business

436 LYNCHBURG AVE.  
BROOKNEAL VA 24528

Mailing Address

436 LYNCHBURG AVE.  
BROOKNEAL VA 24528

2. Principal Place of Business

436 Lynchburg Avenue  
Suite, Apt. #, etc.

3. Mailing Address

436 Lynchburg Avenue  
Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Brookneal, Va

City & State

Brookneal, VA

4. FEI Number

54-1994680

Applied For

Not Applicable

Zip

24528

Country

USA

Zip

24528

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME BOGGS, PATRIC  
STREET ADDRESS 436 LYNCHBURG AVENUE  
CITY-ST-ZIP BROOKNEAL VA

TITLE STD ☐ Delete  
NAME LAMAR, ADAMS  
STREET ADDRESS 436 LYNCHBURG AVENUE  
CITY-ST-ZIP BROOKNEAL VA 24528

TITLE D ☐ Delete  
NAME PALMER, JAMES  
STREET ADDRESS 436 LYNCHBURG AVENUE  
CITY-ST-ZIP BROOKNEAL VA

TITLE D ☐ Delete  
NAME DUNNAWAY, DANNY  
STREET ADDRESS 436 LYNCHBURG AVENUE  
CITY-ST-ZIP BROOKNEAL VA

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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 REGISTERING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/5/04