

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # F01000002775

1. Entity Name  
COIN-TEL SERVICES, INC.



Principal Place of Business  
726 EAST LONG AVENUE  
NEW CASTLE, PA 16101

Mailing Address  
726 EAST LONG AVENUE  
NEW CASTLE, PA 16101



03222005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
25-1848484

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, 2005 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	P MAYES, BRENT C 726 EAST LONG AVENUE NEW CASTLE, PA 16101
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SOLTIS, LAURA 726 EAST LONG AVENUE NEW CASTLE, PA 16101
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S KNOX, TONI 726 EAST LONG AVENUE NEW CASTLE, PA 16101
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BRANOFF, JOE 726 EAST LONG AVENUE NEW CASTLE, PA 16101
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000284763  
04/02/05-80018-005 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

BRENT MAYES

Pres.

3/25/05

724457-1157

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #