

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003218

Entity Name: TELRITE CORPORATION

FILED  
Jun 01, 2007  
Secretary of State

**Current Principal Place of Business:**

4113 MONTICELLO STREET  
COVINGTON, GA 30014

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2207  
COVINGTON, GA 30015

**New Mailing Address:**

FEI Number: 59-3631460

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DAVIS, DARRYL  
1801 ART MUSEUM DRIVE  
JACKSONVILLE, FL 32207 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: DAVIS, DARRYL  
Address: 1801 MUSEUM DRIVE  
City-St-Zip: JACKSONVILLE, FL 32207

Title: S ( ) Delete  
Name: NATHALIE, BISHOP  
Address: 4113 MONITCELLO  
City-St-Zip: COVINGTON, GA 30014

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
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: DARRYL DAVIS

P

06/01/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date