

2008 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**

03-10-2008 90051 002 \*\*\*150.00

**DOCUMENT # F03000001524**

1. Entity Name  
TELECOM ENTERPRISES OF MISSISSIPPI, INC.



Principal Place of Business  
4869 W SPENCERFIELD RD  
PACE, FL 32571

Mailing Address  
2025 SHADY CREST DRIVE  
BIRMINGHAM, AL 35216-5417

**DO NOT WRITE IN THIS SPACE**



02272008 No Chg-P CR2E034 (11/05)

4. FEI Number  
64-0771803

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

TOMEY, SCOTT  
4869 W SPENCERFIELD RD  
PACE, FL 32571

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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	CP OSER, THOMAS J 2025 SHADY CREST DRIVE BIRMINGHAM, AL 35216
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS OSER, JOANNE M 2025 SHADY CREST DRIVE BIRMINGHAM, AL 35216
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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: James H Oser  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-2008 205 823-4798  
Date Daytime Phone #