

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # F03000005746

1. Entity Name  
SWAYZEE TELEPHONE COMPANY BROADBAND INC.



Principal Place of Business  
214 S. WASHINGTON ST.  
SWAYZEE, IN 46986-0070

Mailing Address  
PO BOX 70  
SWAYZEE, IN 46986-0070

**DO NOT WRITE IN THIS SPACE**



04112007 No Chg-P CR2E034 (11/05)

4. FEI Number 35-1893769	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

TROVILLION, JAYE  
6322 LITHIA PINCREST RD  
LITHIA, FL 33547

**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 renewing)

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**

10. OFFICERS AND DIRECTORS

TITLE CPT  
NAME SAMUELS, SAM  
STREET ADDRESS PO BOX 70  
CITY-ST-ZIP SWAYZEE, IN 469860070

TITLE DVP  
NAME TROVILLION, JAY  
STREET ADDRESS PO BOX 70  
CITY-ST-ZIP SWAYZEE, IN 469860070

TITLE DS  
NAME SAMUELS, CAROL  
STREET ADDRESS PO BOX 70  
CITY-ST-ZIP SWAYZEE, IN 469860070

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

Sam M. Samuels 4/11/07 765-927916  
Date Daytime Phone #

U00000711726  
04/26/07-80019-008 150.00

**DO NOT WRITE  
IN THIS SPACE**