

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F03000006014

1. Entity Name
TELCOVE ATLANTIC, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JAN 26 AM 11:32

Principal Place of Business
C/O SHANTEL L. WATERMAN
712 NORTH MAIN STREET
COUDERSPORT, PA 16915

Mailing Address
C/O SHANTEL L. WATERMAN
712 NORTH MAIN STREET
COUDERSPORT, PA 16915

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01172005

Chg-P

CR2E034 (10/03)

4. FEI Number
25-1688221

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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 registrant 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 PD ☐ Delete
NAME GUTH, ROBERT
STREET ADDRESS 121 CHAMPION WAY
CITY-ST-ZIP CANONSBURG, PA 15317

TITLE VDT ☐ Delete
NAME BABCOCK, EDWARD
STREET ADDRESS 712 NORTH MAIN STREET
CITY-ST-ZIP COUDERSPORT, PA 16915

TITLE SD ☒ Delete
NAME GLICKSMAN, JOHN
STREET ADDRESS 121 CHAMPION WAY
CITY-ST-ZIP CANONSBURG, PA 15317

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 300045442289
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Change ☒ Addition
NAME James E. Means
STREET ADDRESS 121 Champion Way
CITY-ST-ZIP Canonsburg, PA 15317

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

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 SIGNING OFFICER OR DIRECTOR

JAMES E. MEANS

Date

724-743-9450

Daytime Phone #



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 161979 5165606

AUTHORIZATION

COST LIMIT : \$ 150.00

ORDER DATE : January 24, 2005

ORDER TIME : 10:06 AM

ORDER NO. : 161979-010

CUSTOMER NO: 5165606

CUSTOMER: Julie Mason
Telcove
121 Champion Way
Canonsburg, PA 15317

ANNUAL REPORT FILING

NAME: TELCOVE ATLANTIC, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan - Ext. 2955

EXAMINER'S INITIALS: _____

RECEIVED
05 JAN 26 AM 10:34
DEPARTMENT OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA