

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # F04000000714

1. Entity Name
MCC TELEPHONY OF FLORIDA, INC.



Principal Place of Business
100 CRYSTAL RUN RD
MIDDLETOWN, NY 10941

Mailing Address
100 CRYSTAL RUN RD
MIDDLETOWN, NY 10941



01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0781137	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

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000509113
04/28/06-80033-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	CRAIB, CALVIN
STREET ADDRESS	100 CRYSTAL RUN RD
CITY-ST-ZIP	MIDDLETOWN, NY 10941
TITLE	DS
NAME	PASCARELLI, JOHN
STREET ADDRESS	100 CRYSTAL RUN RD
CITY-ST-ZIP	MIDDLETOWN, NY 10941
TITLE	DT
NAME	STEPHAN, MARK
STREET ADDRESS	100 CRYSTAL RUN RD
CITY-ST-ZIP	MIDDLETOWN, NY 10941
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/5/06 845-695-2100