
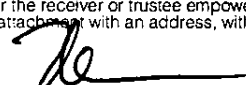


**FILED**  
**Mar 07, 2005 8:00 am**  
**Secretary of State**

03-07-2005 90266 023 \*\*\*150.00

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # F04000003942</b> 1. Entity Name TELECOM NETWORK OF CENTRAL FLORIDA, INC.			
Principal Place of Business 9 SUNSHINE BLVD. ORMOND BEACH, FL 32174		Mailing Address 9 SUNSHINE BLVD. ORMOND BEACH, FL 32174	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		4. FEI Number <b>20-1285996</b>	
		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  SKOW, JAMES 9 SUNSHINE BLVD. ORMOND BEACH, FL 32174		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating). DATE _____</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C TUTTLE, ROBERT 9 SUNSHINE BLVD. ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Tuttle, Robert 9 Sunshine Blvd Ormond Beach, FL 32174 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC EDWARDS, MARK 9 SUNSHINE BLVD. ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  <b>MARY EDWARDS</b>		386 676 1157	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	