

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90087 015 ***150.00

DOCUMENT # F04000005378 1. Entity Name TELECOM INSTALLATION SERVICES INC.					
Principal Place of Business 415 N. OCEAN GRANDE DRIVE, SUITE 302 PONTE VEDRA BEACH FL 32082			Mailing Address 415 N. OCEAN GRANDE DRIVE, SUITE 302 PONTE VEDRA BEACH FL 32082		
2. Principal Place of Business SUITE 208 3530 AGRICULTURAL CTR DR		3. Mailing Address SUITE 208 3530 AGRICULTURAL CTR DR			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State ST AUGUSTINE FLORIDA		City & State ST AUGUSTINE, FLORIDA		4. FEI Number 05-0514287 Applied For <input type="checkbox"/> Not Applicable	
Zip 32092 Country USA		Zip 32092 Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COLANGELO, DAVID A 415 N. OCEAN GRANDE DRIVE, SUITE 302 PONTE VEDRA BEACH FL 32082			7. Name and Address of New Registered Agent Name COLANGELO, DAVID A Street Address (P.O. Box Number is Not Acceptable) 3530 AGRICULTURAL CENTER DR SUITE 208 City ST AUGUSTINE FL Zip Code 32092		
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			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	CP COLANGELO, DAVID A 415 N. OCEAN GRANDE DRIVE, SUITE 302 PONTE VEDRA BEACH FL 32082		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	
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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: <u>David A Colangelo</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4-19-05 (904) 829-3132 Date Daytime Phone #		