


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2005 8:00 am
Secretary of State

07-25-2005 90101 039 ***550.00

DOCUMENT # F04000005772					
1. Entity Name GTC COMMUNICATIONS, INC.					
Principal Place of Business 502 CECIL G. COSTIN BLVD. PORT ST. JOE, FL 32457			Mailing Address 502 CECIL G. COSTIN BLVD. PORT ST. JOE, FL 32457		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		07082005 Chg-P CR2E034 (10/03)	
4. FEI Number 75-2615098				Applied For <input type="checkbox"/> 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			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		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	CD JOHNSON, EUGENE B 512 E. MOREHEAD ST., SUITE 250 CHARLOTTE, NC 28202	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO NIXON, PETER G 512 E. MOREHEAD ST., SUITE 250 CHARLOTTE, NC 28202	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FAISON, JAMES B P.O. BOX 220 PORT ST. JOE, FL 32457	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO LEACH, WALTER E JR. 521 E. MOREHEAD ST., SUITE 250 CHARLOTTE, NC 28202	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS LINN, SHIRLEY J 521 E. MOREHEAD ST., SUITE 250 CHARLOTTE, NC 28202	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTAS HENRY, TIMOTHY W 521 E. MOREHEAD ST., SUITE 250 CHARLOTTE, NC 28202	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive VP, Corporate Development [Handwritten signature]				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO John P. Crowley 521 E. Morehead, Suite 250 Charlotte, NC 28202				
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: <i>[Handwritten Signature]</i> 7/12/05					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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