

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 02, 2006 8:00 am**  
**Secretary of State**

03-02-2006 90008 020 \*\*\*150.00

**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

02072006

Chg-P

CR2E034 (11/05)

4. FEI Number  
75-2615098

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$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

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

## 10. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> Delete
NAME	JOHNSON, EUGENE B	
STREET ADDRESS	512 E. MOREHEAD ST., SUITE 250	
CITY- ST- ZIP	CHARLOTTE, NC 28202	
TITLE	COO	<input type="checkbox"/> Delete
NAME	NIXON, PETER G	
STREET ADDRESS	512 E. MOREHEAD ST., SUITE 250	
CITY- ST- ZIP	CHARLOTTE, NC 28202	
TITLE	P	<input type="checkbox"/> Delete
NAME	FAISON, JAMES B	
STREET ADDRESS	P.O. BOX 220	
CITY- ST- ZIP	PORT ST. JOE, FL 32457	
TITLE	VCFO	<input type="checkbox"/> Delete
NAME	LEACH, WALTER E JR.	
STREET ADDRESS	521 E. MOREHEAD ST., SUITE 250	
CITY- ST- ZIP	CHARLOTTE, NC 28202	
TITLE	VS	<input type="checkbox"/> Delete
NAME	LINN, SHIRLEY J	
STREET ADDRESS	521 E. MOREHEAD ST., SUITE 250	
CITY- ST- ZIP	CHARLOTTE, NC 28202	
TITLE	VCFO	<input type="checkbox"/> Delete
NAME	CIDWLEY, JOHN P.	
STREET ADDRESS	521 E. MOREHEAD, SUITE 250	
CITY- ST- ZIP	CHARLOTTE, NC 28202	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE	EXC. VP/Corp. Development	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE	VCFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John P. Crowley	
STREET ADDRESS	521 E. MOREHEAD, STE 250	
CITY- ST- ZIP	CHARLOTTE, NC 28202	

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:

*John P. Crowley* *John P. Crowley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/06

Date

620-227-4400

Daytime Phone #