


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 11, 2007 8:00 am**  
**Secretary of State**

05-11-2007 90035 003 \*\*\*150.00

<b>DOCUMENT # F04000005772</b> 1. Entity Name <b>GTC COMMUNICATIONS, INC.</b>					
Principal Place of Business <b>502 CECIL G. COSTIN BLVD. PORT ST. JOE, FL 32457</b>			Mailing Address <b>502 CECIL G. COSTIN BLVD. PORT ST. JOE, FL 32457</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>75-2615098</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
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	Chairman/CEO Johnson, Eugene B. 521 E. Morehead, STE 250 Charlotte, NC 28202
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	COO Nixon, Peter G. 521 E. Morehead, STE 250 Charlotte, NC 28202
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FAISON, JAMES B P.O. BOX 220 PORT ST. JOE, FL 32457	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	COO Hood, Lisa R. 908 W. Frontview Drexel City, KS 67801
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	Exec VP/Corp. Development Leach, Walter E. Jr. 521 E. Morehead, STE 250 Charlotte, NC 28202
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	Exec VP/Sec. Gen Counsel Linn, Shirley J. 521 E. Morehead, STE 250 Charlotte, NC 28202
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCFO CROWLEY, JOHN P 521 E MOREHEAD, STE 250 CHARLOTTE, NC 28202	<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 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.					
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/19/07 620-227-4400 Date Daytime Phone #		