

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000006193

1. Entity Name
THE HAMILTON TELEPHONE COMPANY



Principal Place of Business

**1001 12TH ST.
AURORA, NE 68818**

Mailing Address

**1001 12TH ST.
AURORA, NE 68818**



04072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
47-0181440

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**

**DO NOT WRITE
IN THIS SPACE**

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 (006 if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CP
NELSON, PHILLIP C
1001 12TH ST.
AURORA, NE 68818**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVP
NELSON, NANCY K
1001 12TH ST.
AURORA, NE 68818**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
NELSON, JAMES E
1001 12TH ST.
AURORA, NE 68818**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
NELSON, JOHN
1001 12TH ST.
AURORA, NE 68818**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
VAN LUCHENE, BETTY
1001 12TH ST.
AURORA, NE 68818**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000320230
04/21/05-80029-018 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Nelson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-05
Date

402-694-5101
Daytime Phone #