


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # F0400006193
 1. Entity Name
THE HAMILTON TELEPHONE COMPANY



Principal Place of Business Mailing Address
 1001 12TH ST. 1001 12TH ST.
 AURORA, NE 68818 AURORA, NE 68818

DO NOT WRITE IN THIS SPACE



04072005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 47-0181440 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

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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

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	NELSON, PHILLIP C
STREET ADDRESS	1001 12TH ST.
CITY-ST-ZIP	AURORA, NE 68818
TITLE	DVP
NAME	NELSON, NANCY K
STREET ADDRESS	1001 12TH ST.
CITY-ST-ZIP	AURORA, NE 68818
TITLE	D
NAME	NELSON, JAMES E
STREET ADDRESS	1001 12TH ST.
CITY-ST-ZIP	AURORA, NE 68818
TITLE	D
NAME	NELSON, JOHN
STREET ADDRESS	1001 12TH ST.
CITY-ST-ZIP	AURORA, NE 68818
TITLE	ST
NAME	VAN LUCHENE, BETTY
STREET ADDRESS	1001 12TH ST.
CITY-ST-ZIP	AURORA, NE 68818
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 04/21/05-80029-018 150.00

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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)(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 John Nelson 4-15-05 402-694-5101
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #