


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # F04000006193
 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



01062006 No Chg-P CR2E034 (11/05)

| | | |
|---|---|---|
| 4. FEI Number 47-0181440 | Applied For <input type="checkbox"/> | Not Applicable <input checked="" type="checkbox"/> |
| 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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 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 | |

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 03/22/06-80013-025 150.00

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 Nelson** **3/8/06** **(402) 694-5101**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #