


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2008 8:00 am
Secretary of State

03-11-2008 90014 004 ***150.00

DOCUMENT # F0600005689
 1. Entity Name
SHENTEL CONVERGED SERVICES, INC.



Principal Place of Business Mailing Address
 500 SHENTEL WAY PO BOX 459
 EDINBURG, VA 22824 EDINBURG, VA 22824

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

40042607



02252008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
 20-1934506 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

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 _____ 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, 2008 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	<input type="checkbox"/> Delete
NAME	FRENCH, CHRISTOPHER E	
STREET ADDRESS	PO BOX 459	
CITY-ST-ZIP	EDINBURG, VA 22824	
TITLE	VCVP	<input type="checkbox"/> Delete
NAME	MACKENZIE, EARLE A	
STREET ADDRESS	PO BOX 459	
CITY-ST-ZIP	EDINBURG, VA 22824	
TITLE	T	<input type="checkbox"/> Delete
NAME	MACKENZIE, EARLE A	
STREET ADDRESS	PO BOX 459	
CITY-ST-ZIP	EDINBURG, VA 22824	
TITLE	DS	<input type="checkbox"/> Delete
NAME	SPECER, JONATHAN	
STREET ADDRESS	PO BOX 459	
CITY-ST-ZIP	EDINBURG, VA 22824	
TITLE	AT	<input type="checkbox"/> Delete
NAME	DRIVER, JAMES	
STREET ADDRESS	PO BOX 459	
CITY-ST-ZIP	EDINBURG, VA 22824	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKOLITS, ADELE M.	
STREET ADDRESS	P.O. BOX 459	
CITY-ST-ZIP	EDINBURG, VA 22824	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPECER, JONATHAN	
STREET ADDRESS	P.O. BOX 459	
CITY-ST-ZIP	EDINBURG, VA 22824	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Jonathan R. Spencer Date: 2/27/08 (540) 984-5320
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #