

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 02, 2007 8:00 am
Secretary of State

07-02-2007 90035 050 ***150.00

DOCUMENT # F06000006764

1. Entity Name
COMMUNICATION LINES, INC.



Principal Place of Business
**3632 SOUNDVIEW DRIVE
UNIVERSITY PLACE, WA 98466**

Mailing Address
**3800 A BRIDGEPORT, PO BOX 158
UNIVERSITY PLACE, WA 98466**

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

3. Mailing Address
3800 A Bridgeport #158



Suite, Apt. #, etc.

Suite, Apt. #, etc.

06282007 Chg-P CR2E034 (12/06)

City & State

City & State
University Place

4. FEI Number
13-4345306

Applied For
Not Applicable

Zip

Country

Zip
98466 Country
Pierce

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR STE 4
WESTON, FL 33331**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
JOHNSON, STANLEY
3800 A BRIDGEPORT, PO BOX 158
UNIVERSITY PLACE, WA 98466** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VST
EFFERDING, STAN
3800 A BRIDGEPORT, PO BOX 158
UNIVERSITY PLACE, WA 98466** ☐ Delete

TITLE
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STREET ADDRESS
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/28/07 253.830.6898
Date Daytime Phone #