

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F93000003437**

1. Entity Name  
**GULF LONG DISTANCE, INC.**



Principal Place of Business

**19812 UNDERWOOD RD  
FOLEY, AL 36535**

Mailing Address

**PO BOX 410  
MEBANE, NC 27302-0410**

**DO NOT WRITE IN THIS SPACE**



01222004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**63-1026817**

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  
1200 SOUTH PINE ISLAND RD  
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 title if applicable.

(NOTE: Registered Agent signature required when rechartering)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

000000086722  
03/12/04-80034-023 150.00

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
WOOD, RANDY  
103 S FIFTH ST  
MEBANE, NC 27302**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ST  
SUN, PAUL  
103 S FIFTH ST  
MEBANE, NC 27302**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPC  
HOGSHIRE, JOHN  
108 MILLSTEAD DR STE 5  
MEBANE, NC 27302**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CCEO  
VANDERWOUDE, J. STEPHEN  
103 S FIFTH ST  
MEBANE, NC 27302**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPT  
WHITNER, RICK  
108 MILLSTEAD DR STE 5  
MEBANE, NC 27302**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7-20-2004 919-563-8222**