## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Apr 19, 2005 08:00 AM Secretary of State DOCUMENT # F93000003437 1. Entity Name GULF LONG DISTANCE, INC. Principal Place of Business Mailing Address 19812 UNDERWOOD RD PO BOX 410 MEBANE, NC 27302-0410 FOLEY, AL 36535 01312005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 63-1026817 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent C T CORPORATION DO NOT WRITE 1200 SOUTH PINE ISLAND RD PLANTATION, FL 33324 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\_ (NOTE Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 $\Box$ Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE WOOD, RANDY NAME 103 S FIFTH ST STREET ADDRESS |100000316941 | 04/19/05-80097-020 | 158.75 MEBANE, NC 27302 CITY-ST-7IP TITLE SUN, PAUL NAME STREET ADDRESS 103 S FIFTH ST CITY-ST-7IP MEBANE, NC 27302 VPC TITLE NAME HOGSHIRE, JOHN 108 MILLSTEAD DR STE 5 STREET ADDRESS DO NOT WRITE CITY-ST-ZIP MEBANE, NC 27302 IN THIS SPACE TITLE VANDERWOUDE, J. STEPHEN NAME 103 S FIFTH ST STREET ADDRESS MEBANE, NC 27302 CITY-ST-ZIP **VPT** WHITNER, RICK NAME STREET ADDRESS 108 MILLSTEAD DR STE 5 MEBANE, NC 27302 CITY-ST-ZIP NAME STREET ADDRESS

12. Thereby certify that the information supplied with this tiling does not gualify for the exemption stated in Section 119.07(3)(i), 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 eath, that I am an officer or director of the corporation or the receiver or direct 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 of the address, with all other like empowered.

SIGNATURE: \_

CITY-ST-ZIP

Daytime Phone #