

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

FILED

06 JUN -9 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04262006 No Chg-P CR2E034 (11/05)

4. FEI Number
63-1026817

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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 reinstating)

DATE

**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	P
NAME	WOOD, RANDY
STREET ADDRESS	103 S FIFTH ST
CITY-ST-ZIP	MEBANE, NC 27302
TITLE	ST
NAME	SUN, PAUL
STREET ADDRESS	103 S FIFTH ST
CITY-ST-ZIP	MEBANE, NC 27302
TITLE	VPC
NAME	HOGSHIRE, JOHN
STREET ADDRESS	108 MILLSTEAD DR STE 5
CITY-ST-ZIP	MEBANE, NC 27302
TITLE	CCEO
NAME	VANDERWOUE, J. STEPHEN
STREET ADDRESS	103 S FIFTH ST
CITY-ST-ZIP	MEBANE, NC 27302
TITLE	VPT
NAME	WHITNER, RICK
STREET ADDRESS	108 MILLSTEAD DR STE 5
CITY-ST-ZIP	MEBANE, NC 27302
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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06/20/06--01019--003 **158.75

**DO NOT WRITE
IN THIS SPACE**

2C 6/13

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

Date

Daytime Phone #