

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 08:00 AM
Secretary of State

DOCUMENT # F95000003722

1. Entity Name
TELEMANAGEMENT RESOURCES, INC.



Principal Place of Business **Mailing Address**
3415 KEYSTONE RD 3415 KEYSTONE RD
TARPON SPRINGS, FL 34689 US TARPON SPRINGS, FL 34689 US



01132005 No Chg-P CR2E034 (10/03)

4. FEI Number **Applied For**
36-3744501 ☐ 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

ELLIOTT, DAVID
3415 KEYSTONE RD
TARPON SPRINGS, FL 34689

**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, 2005 Fee will be \$550.00

9. Election Campaign Financing **\$5.00 May Be**
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **DCPT**
NAME **ELLIOTT, LINDA**
STREET ADDRESS **1024 HAGEN DR**
CITY-ST-ZIP **NEW PORT RICHEY, FL**

TITLE **DCVS**
NAME **ELLIOTT, DAVID**
STREET ADDRESS **1024 HAGEN DR**
CITY-ST-ZIP **NEW PORT RICHEY, FL**

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12. I hereby certify that the information supplied with this filing does not qualify 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 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: *x Linda Elliott president*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 3/24/2005 727 945-9300
Date Daytime Phone #