

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # F95000003903

1. Entity Name
TELECOM NETWORK OF GREATER FLORIDA, INC.



Principal Place of Business
**4116 FIRST AVE NORTH
BIRMINGHAM, AL 35222 US**

Mailing Address
**4116 FIRST AVE NORTH
BIRMINGHAM, AL 35222 US**



01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
63-1124650

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LIVINGSTON, DON C JR
2112 WEST YOUNG STREET
PENSACOLA, FL 32505**

**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 retreating) 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	PD
NAME	HINDS, BILLY R
STREET ADDRESS	4116 FIRST AVE NORTH
CITY- ST- ZIP	BIRMINGHAM, AL 35222
TITLE	SD
NAME	LIVINGSTON, DON C JR
STREET ADDRESS	2112 WEST YOUNG STREET
CITY- ST- ZIP	PENSACOLA, FL 32505
TITLE	TD
NAME	LIVINGSTON, JEFFREY G
STREET ADDRESS	2112 WEST YOUNG STREET
CITY- ST- ZIP	PENSACOLA, FL 32505
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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03/31/06-80026 013 150.00

**DO NOT WRITE
IN THIS SPACE**

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

1-10-06 551-8804
Date Daytime Phone #