


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # F96000006820 1. Entity Name TELECOM EXPERTISE INDUSTRIES, INC.	
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Principal Place of Business 5879 JAYSVILLE-ST. JOHN'S RD. GREENVILLE, OH 45331 US	Mailing Address P.O. BOX 67 GREENVILLE, OH 45331
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04232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 31-1143656	Applied For Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent STINE, TOM 2788 KISSIMMEE BAY CIRCLE KISSIMMEE, FL 34744

**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 Tom Stine (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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**

U000000144930
04/30/04-80148-009 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP BORN, JACK 6455 WOODBRIAR LANE GREENVILLE, OH 45331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C POPE, DAVE 4008 KILBOURN RD. ARCANUM, OH 45304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CV POPE, DAVID 4008 KILBOURN RD. ARCANUM, OH 45304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST POPE, IMELDA 4008 KILBOURN RD. ARCANUM, OH 45304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(l), 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: *David Pope* ✓ 4/27/04 937-548-5254
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #