

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 09, 2005 08:00 AM
Secretary of State

DOCUMENT # F96000006820

1. Entity Name
TELECOM EXPERTISE INDUSTRIES, INC.



Principal Place of Business
5879 JAYSVILLE-ST. JOHN'S RD.
GREENVILLE, OH 45331 US

Mailing Address
P.O. BOX 67
GREENVILLE, OH 45331



04222005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
31-1143656

Applied For
Not Applicable

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

Signature of typed or printed name of registered agent, if applicable

Signature of Registered Agent, if applicable (Required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

000000364911
05/09/05-80014-023 158.75

**DO NOT WRITE
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)(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: David Pope
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15/11/05 1937-548-5254
Date Daytime Phone #