

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90033 002 ***150.00

DOCUMENT # F98000000039		
1. Entity Name MAIN STREET TELEPHONE COMPANY		

Principal Place of Business 470 NORRISTOWN RD. STE 201 BLUE BELL, PA 19422	Mailing Address 135 N CHURCH ST STE 4 KALAMAZOO, MI 49007
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 107 W Michigan Ave 4th Fl
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State Kalamazoo MI
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Zip	Country	Zip 49007	Country
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6. Name and Address of Current Registered Agent

BLANTON, EDWIN F 810 THOMASVILLE ROAD TALLAHASSEE, FL 32303
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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
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SIGNATURE	(NOTE: Registered Agent signature required when registered.)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GLYNN, THOMAS J 470 NORRISTOWN RD., STE 201 BLUE BELL, PA 19422	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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.
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SIGNATURE: 	Thomas J Glynn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

40000111



01022008 Chg-P CR2E034 (12/06)

4. FEI Number 23-2937382	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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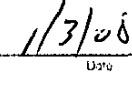
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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	
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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--

SIGNATURE: 	Thomas J Glynn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

1/3/08

610-834-1860