


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90455 005 ***150.00

DOCUMENT # F98000003185 1. Entity Name GPD TELECOM, INC.	
--	---

Principal Place of Business 520 S. MAIN ST., STE. 2531 AKRON, OH 44311	Mailing Address 520 S. MAIN ST., STE. 2531 AKRON, OH 44311
--	--

24073568



04292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 34-1833912	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
--

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
--	-----------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT SHIVES, JAMES R 3036 LINDALE 104 E. Mohawk Dr. AKRON, OH 44312 Malvern, OH 44644
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP KOTECKI, DARRIN 7232 CURRY-CIRCLE HUDSON, OH 44236
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CRAMER, BRADLEY D Carriage 1571 CIRRIAGE HOUSE DR SUFFIELD, OH 44260
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P EVANS, JERRREY D Jeffrey 237 N RIVER RD MUNROE FALLS, OH 44262
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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:  James R. Shives 4/29/04 330 572-2100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #