# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 26, 2005 8:00 am**
**Secretary of State**
04-26-2005 90159 049 ***150.00

DOCUMENT # F99000001380

1. Entity Name
BUDGET PHONE, INC.

40067452

| Principal Place of Business | Mailing Address |
|---|---|
| 6901 W 70TH STREET<br>SHREVEPORT, LA 71129 | PO BOX 19360<br>SHREVEPORT, LA 71149 |

04192005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
72-1335380
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$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

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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.

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

**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 | P D |
| NAME | HYDE JR, R D |
| STREET ADDRESS | 5709 SHORELINE DRIVE |
| CITY-ST-ZIP | SHREVEPORT, LA 71119 |
| TITLE | STD |
| NAME | HYDE III, R D |
| STREET ADDRESS | 9415 ACADIANA PLACE BLVD |
| CITY-ST-ZIP | SHREVEPORT, LA 71115 |
| TITLE | D |
| NAME | CASON, TONY |
| STREET ADDRESS | 11295 HERITAGE OAK |
| CITY-ST-ZIP | SHREVEPORT, LA 71106 |
| TITLE | D |
| NAME | HYDE, STEPHEN |
| STREET ADDRESS | 9415 ACADIANA PLACE BLVD |
| CITY-ST-ZIP | SHREVEPORT, LA 71115 |
| TITLE | C |
| NAME | MAGEE, ART |
| STREET ADDRESS | 9501 OVERCROSS STREET |
| CITY-ST-ZIP | SHREVEPORT, LA 71106 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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:** _____ 4-20-05 318-671-5705
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #