

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90060 043 ***150.00

DOCUMENT # G00315

1. Entity Name

TELEPHONE SALES, REPAIR, AND INSTALLATION
INDEPENDENT, INC.



Principal Place of Business

332 TAFT AVENUE
COCOA BEACH FL 32931
US

Mailing Address

332 TAFT AVENUE
COCOA BEACH FL 32931

2. Principal Place of Business

332 TAFT AVE.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Cocoa Beach, FL

City & State

Zip Country

Zip

Country

32931

BREVARD

4. FEI Number

59-2222958

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TALBOT, CHARLES G.
336 TAFT AVENUE
COCOA BEACH FL 32931

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE VP
NAME TALBOT, CHARLES G. ☐ Delete
STREET ADDRESS 336 TAFT AVENUE
CITY-ST-ZIP COCOA BEACH FL

TITLE P ☐ Delete
NAME TALBOT, BETTY A
STREET ADDRESS 328 TAFT AVE
CITY-ST-ZIP COCOA BEACH FL

TITLE ST ☐ Delete
NAME TALBOT, BETTY-A
STREET ADDRESS 328 TAFT AVE
CITY-ST-ZIP COCOA BEACH FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Betty A. Talbot

Betty A. TALBOT

3-29-04

321
783-3378

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #