

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # G00315

1. Entity Name

TELEPHONE SALES, REPAIR, AND INSTALLATION  
INDEPENDENT, INC.



**FILED**  
**Aug 22, 2007 08:00 AM**  
**Secretary of State**

Principal Place of Business  
332 TAFT AVE.  
COCOA BEACH FL 32931  
US

Mailing Address  
332 TAFT AVENUE  
COCOA BEACH FL 32931



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2nd MOORE

CR2E034 (4/07)

City & State

City & State

4. FEI Number **59-2222958**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 translating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**DUE BY September 5, 2007**

**Make Check Payable to Florida Department of State**

S.607 193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE VP ☐ Delete

NAME TALBOT, CHARLES G  
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

U00000772557  
08/22/07-80004-007 150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

SIGNATURE:

*Betty A. Talbot*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*8/15/07*  
DATE Daytime Phone #

*321-783-3378*