

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 22, 2008 8:00 am
Secretary of State

05-22-2008 90020 014 ***150.00

DOCUMENT # G00315

1. Entity Name

TELEPHONE SALES, REPAIR, AND INSTALLATION
INDEPENDENT, INC.



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 #
332 TAFT-AVE.

3. Mailing Address
← SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Cocoa Beach, FL

City & State
Cocoa Beach, FL

4. FEI Number **59-2222958**

Applied For
Not Applicable

Zip
32931

Country
US

Zip
32931

Country
U.S.

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

Charles G. Talbot

4-22-08

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, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be**
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	TALBOT, CHARLES G	
STREET ADDRESS	336 TAFT AVENUE	
CITY- ST- ZIP	COCOA BEACH FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	TALBOT, BETTY A	
STREET ADDRESS	328 TAFT AVE	
CITY- ST- ZIP	COCOA BEACH FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	TALBOT, BETTY A	
STREET ADDRESS	328 TAFT AVE	
CITY- ST- ZIP	COCOA BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Section 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 **Betty A. TALBOT**

4-22-08

(321) 783-3378

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #