


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # G26520 1. Entity Name PROTEL, INC.		
Principal Place of Business 4150 KIDRON RD. LAKELAND, FL 33811		Mailing Address 4150 KIDRON RD. LAKELAND, FL 33811
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MELLON, REGIS 4150 KIDRON RD. LAKELAND, FL 33811		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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	D SMITH, MANNING 10 INDEL AVE RANCOCAS, NJ	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD MELLON, REGIS 4150 KIDRON ROAD LAKELAND, FL 33811	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD KRUPNICK, LARRY 10 INDEL AVE. RANCOCAS, NJ	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D ROWAN, H. M. 10 INDEL AVENUE RANCOCAS, NJ	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D ROCKEY, GERALD 4150 KIDRON RD LAKELAND, FL 33811	
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: <u>Regis Mellon</u> Regis Mellon <u>4/21/06</u> <u>863-644-5558</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



04212006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2271991	Applied For <input type="checkbox"/> No: Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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05/09/06-80017-015 150.00

**DO NOT WRITE
IN THIS SPACE**