2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2008 08:00 AN
Secretary of State

DOCUMENT # G26520 1. Entity Name PROTEL, INC.					Secretary of Sta
Principal Place of Business 4150 KIDRON RD. LAKELAND, FL 33811	Mailing Address 4150 KIDRON RD. LAKELAND, FL 33811		(1	. 81511 81814 81811 81811 81814 2 1814 818 14 1881
DO NOT WRITE	IN THIS SPA	CE	05082008	No Chg-P	CR2E034 (11/05)
			59-227 5. Certificate	1991 of Status Desired	Not Applicable \$8.75 Additional Fee Required
6. Name and Address of Current Re	egistered Agent	King (which till lead to can be	i i i i i i i i i i i i i i i i i i i		
4150 KIDRON RD. LAKELAND, FL 33811				NOT W THIS SP	
The above named entity submits this statement for the obligations of registered agent.	he purpose of changing its register	ed office or register	ed agent, or bot	h, in the State of Flo	nda. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and	d title if applicable (NOTE: Registere	d Agent signature required	(when reinstating)		DATE
FILE NOWI!! FEE IS \$150.00 Due by September 12, 2008 9. Election Campaign Finar Trust Fund Contribution.		· _ ~ + • ·	.00 May Be ed to Fees	In accordance w	with s. 607.193(2)(b), F.S., the not receive the prior notice.
10. OFFICERS AND D	IRECTORS	- 43 (1.1)	# ()	aki Mini	2. 46 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ITILE D NAME SMITH, MANNING STREET ADDRESS 10 INDEL AVE CITY-ST-ZIP RANCOCAS, NJ				Honor	
TITLE PD MAME MELLON, REGIS STREET ADDRESS 4150 KIDRON ROAD LAKELAND, FL 33811				06/04/08	00951275 3-80026-025 150.00
NAME KRUPNICK, LARRY STREET ADDRESS 10 INDEL, AVE. CITY-ST-ZIP RANCOCAS, NJ			DO	NOT W	RITE
TITLE D NAME ROWAN, H. M. STREET ADDRESS 10 INDEL AVENUE CITY-ST-ZIP RANCOCAS, NJ			IN 3	THIS SP	ACE
TITLE TD NAME ROCKEY, GERALD STREET ADDRESS 4150 KIDRON RD CITY-ST-ZIP LAKELAND, FL 33811					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					4 1114

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:

HATURDAND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

mellon 05-08-0

\$63-644-5558