

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90116 040 ***158.75

DOCUMENT # H30746

1. Entity Name

PHONES BY VOSE, INC.



Principal Place of Business

12467-62 ST. NO.
STE 101
LARGO FL 33773
US

Mailing Address

12467-62 ST. NO.
STE 101
LARGO FL 33773
US

2. Principal Place of Business

12467-62 St. No.
Suite, Apt. #, etc.
Suite # 101
City & State
LARGO FLORIDA
Zip
33773-3700
Country
USA

3. Mailing Address

12467-62 St. No.
Suite, Apt. #, etc.
Suite # 101
City & State
LARGO FLORIDA
Zip
33773-3700
Country
USA



MOORE

CR2E034 (11/03)

4. FEI Number

59-2479730

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VOSE, THOMAS V.
7294 5 ST. NO.
ST. PETERSBURG FL 33702

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 VOSE, KAREN L
STREET ADDRESS 7294 5 ST. NO.
CITY-ST-ZIP ST. PETERSBURG FL 33702

TITLE P
NAME VOSE, THOMAS V
STREET ADDRESS 7294-5 STREET NO.
CITY-ST-ZIP ST. PETERSBURG FL 33702

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Karen L. Vose vice pres. 4-7-04 #531-6322