

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H31002

FILED  
Apr 10, 2009  
Secretary of State

Entity Name: ADVANCE TELEPHONE SYSTEMS, INC.

**Current Principal Place of Business:**

1094 LOCKE STREET  
AVON PARK, FL 33825 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1688  
AVON PARK, FL 33826 US

**New Mailing Address:**

FEI Number: 59-2461061      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SINGLETARY, WAYNE  
1094 LOCKE STREET  
AVON PARK, FL 32825 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SINGLETARY, WAYNE  
Address: 22 N. MARYLAND AVE.  
City-St-Zip: AVON PARK, FL 33825

Title: VST ( ) Delete  
Name: THOMAS, MIKE  
Address: 1738 MYRTLE AVENUE  
City-St-Zip: SEBRING, FL 33870

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WAYNE SINGLETARY

P

04/10/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date