


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 09, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J45213</b> 1. Entity Name <b>CONSOLIDATED COMMUNICATIONS SERVICES, INC.</b>	
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Principal Place of Business  
**230 E OLD HILLSBOROUGH AVENUE  
SEFFNER, FL 33584**

Mailing Address  
**PO BOX 687  
MANGO, FL 33550**



01182004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2739252</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**MINSHEW, MELBA JEAN  
230 OLD HILLSBOROUGH AVENUE  
SEFFNER, FL 33584**

**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 \_\_\_\_\_

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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MINSHEW, MELBA JEAN 230 E OLD HILLSBOROUGH AVENUE SEFFNER, FL 33584
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MINSHEW, RONALD 230 E OLD HILLSBOROUGH AVENUE SEFFNER, FL 33584
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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1100000042826  
02/10/04-80039-013 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:** *Melba Minshew* *2-5-04* *813 681-2249*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #