


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 03, 2005 08:00 AM
Secretary of State

DOCUMENT # J45213	
1. Entity Name CONSOLIDATED COMMUNICATIONS SERVICES, INC.	

Principal Place of Business 230 E OLD HILLSBOROUGH AVENUE SEFFNER, FL 33584	Mailing Address PO BOX 687 MANGO, FL 33550
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DO NOT WRITE IN THIS SPACE



01312005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2739252	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MINSHEW, RONALD 230 E OLD HILLSBOROUGH AVENUE SEFFNER, FL 33584
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02/03/05-80063-005 150.00

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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 lines empowered.

SIGNATURE: Melba Minshew Melba Minshew 1-31-05 8/3-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #