


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 19, 2005 8:00 am
Secretary of State

08-19-2005 90010 010 ***150.00

DOCUMENT # J60061
 1. Entity Name
 CITY TELEPHONE COMPANY



Principal Place of Business Mailing Address
 10 FAIRWAY DRIVE CITY TELEPHONE CO.
 SUITE 126 P.O. BOX 667045
 DEERFIELD BEACH, FL 33441 US POMPANO BEACH, FL 33069

50062532



2. Principal Place of Business 3. Mailing Address
453 W. Palm Ave Dr
 Suite, Apt. #, etc. Suite, Apt. #, etc.

08162005 Chg-P CR2E034 (10/03)

City & State City & State
Pompano Beach, FL
 Zip Country Zip Country
33069 Broward

4. FEI Number Applied For
 65-0104662 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 WHITAKER, PHIL
 453 W. PALM AIVE DRIVE
 POMPANO BEACH, FL 33069

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 *Phil Whitaker* DATE *8/16/05*
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
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees
 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WHITAKER, PHIL 453 W. PALM AIVE DR. POMPANO BCH, FL 33069 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Phil Whitaker* DATE: *8/16/05* DAYTIME PHONE #: *954-354-1441*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #