

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # J69143

1. Entity Name
GL TELE-CONNECT SERVICES, INC.

Principal Place of Business
**6536-5 BEACH BLVD
P. O. BOX 10875
JACKSONVILLE, FL 32216 US**

Mailing Address
**P.O. BOX 10875
P.O. BOX 10875
JACKSONVILLE, FL 32247 US**

DO NOT WRITE IN THIS SPACE



03262004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2795756

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LUNSFORD, NOEL F.
1630 RYAR ROAD
JACKSONVILLE, FL 32216**

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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 reappointing)

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 **P**
NAME **LUNSFORD, NOEL F.**
STREET ADDRESS **1630 RYAR ROAD**
CITY-ST-ZIP **JACKSONVILLE, FL**

TITLE **ST**
NAME **LUNSFORD, SUSAN J.**
STREET ADDRESS **1630 RYAR ROAD**
CITY-ST-ZIP **JACKSONVILLE, FL**

TITLE **D**
NAME **LOWE, TERENCE**
STREET ADDRESS **23 MAFEKING RD.**
CITY-ST-ZIP **WALDESLADE KENT, ENG.**

TITLE **D**
NAME **LOWE, ANNE**
STREET ADDRESS **23 MAFEKING RD**
CITY-ST-ZIP **WALDESLADE KENT, ENG.**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 19.07(3)(f), 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: *Noel F. Lunsford*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-04

Date

904.724-4071

Daytime Phone #