2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J73157

1. Entity Name
TEL COM SYSTEMS OF DAYTONA, INC.

Principal Place of Business	Mailing Address
340 COUNTRY CIR DR PORT ORANGE, FL 32128 US	P.O. BOX 291651 PORT ORANGE, FL 32129

DO NOT WRITE IN THIS SPACE

01212005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-2795899	Not Applicable

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

6. Name and Address of Current Registered Agent

FRAZER, ROBERT D.
1337 SHANGRI-LA
DAYTONA BEACH, FL 32019

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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, 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	D
NAME	SERVIS, NANCY L.
STREET ADDRESS	340 COUNTRY CIRCLE DR.
CITY-ST-ZIP	DAYTONA BCH., FL
TITLE	D
NAME	SERVIS, JOHN C
STREET ADDRESS	340 COUNTRY CIRCLE
CITY-ST-ZIP	PORT ORANGE, FL 32118

U00000202731
01/29/05-80002-004 150.00

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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: _____ Nancy Servis _____ 1/26/05 386-761-0804
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #