

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K23796

**FILED**  
**Apr 04, 2012**  
**Secretary of State**

**Entity Name:** L - TEL ENTERPRISES CORPORATION

**Current Principal Place of Business:**

195 S PINNACLE DRIVE  
BURNSVILLE, NC 28714 US

**New Principal Place of Business:**

345 LAKEPOINTE DRIVE  
APT 304  
ALTAMONTE SPRINGS, FL 32701 US

**Current Mailing Address:**

195 S PINNACLE DRIVE  
BURNSVILLE, NC 28714 US

**New Mailing Address:**

345 LAKEPOINTE DRIVE  
APT 304  
ALTAMONTE SPRINGS, FL 32701 US

**FEI Number:** 59-2888183

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

TELFEYAN, LYNN E VP  
1602 AUGUSTA WAY  
CASSELBERRY, FL 32707 US

**Name and Address of New Registered Agent:**

TELFEYAN, LOUIS H  
345 LAKEPOINTE DRIVE  
APT 304  
ALTAMONTE SPRINGS, FL 32701 US

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.

SIGNATURE: LOUIS H TELFEYAN

04/04/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: TELFEYAN, LOUIS H  
Address: 345 LAKEPOINTE DRIVE, APT 304  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LOUIS H TELFEYAN

DP

04/04/2012

Electronic Signature of Signing Officer or Director

Date