


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Sep 13, 2004 08:00 AM
Secretary of State**

DOCUMENT # L63649 1. Entity Name ETS TELECOMMUNICATIONS, INC.	
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Principal Place of Business 5464 JET VIEW CIRCLE TAMPA, FL 33634 US	Mailing Address 5464 JET VIEW CIRCLE TAMPA, FL 33634 US
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09082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3008127	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent JOHNSON, MEL 5464 JET VIEW CIRCLE TAMPA, FL 33634
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**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 _____
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
Due by September 8, 2004**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD JOHNSON, MEL 14308 ARBOR HILLS ROAD TAMPA, FL 33625
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD HERBERT, JACQUELINE M. 14308 ARBOR HILLS ROAD TAMPA, FL 33625
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09/13/04-80002-002 158.75

**DO NOT WRITE
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 duly empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone if

JACQUELINE M.
HERBERT, PRESIDENT 9/8/04 (813) 888-8188