

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M90032

FILED  
Apr 11, 2007  
Secretary of State

Entity Name: NORTH CENTRAL CELLULAR, INC.

## Current Principal Place of Business:

PO BOX 436  
LACROSSE, FL 32658

## New Principal Place of Business:

9000 NW 13ST  
GAINESVILLE, FL 32653

## Current Mailing Address:

4141 NW 6 ST  
GAINESVILLE, FL 32609

## New Mailing Address:

PO BOX 436  
LACROSSE, FL 32658

FEI Number: 59-2899091

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JONES, LARRY  
4141 NW 6 ST  
GAINESVILLE, FL 32609 US

## Name and Address of New Registered Agent:

JONES, LARRY D PRES  
9000 NW 13TH ST  
GAINESVILLE, FL 32653 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: LARRY JONES

04/11/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: JONES, LARRY DEAN,  
Address: P.O. BOX 436(22423 NW CR 1493)  
City-St-Zip: LACROSSE, FL 32658

Title: ST ( ) Delete  
Name: JONES, ELIZABETH, G.,  
Address: P.O. BOX 436(22423 NW CR 1493)  
City-St-Zip: LACROSSE, FL 32658

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: JONES, LARRY DEAN,  
Address: 22423 NW CR 1493  
City-St-Zip: LACROSSE, FL 32658

Title: ST (X) Change ( ) Addition  
Name: JONES, ELIZABETH, G.,  
Address: 22423 NW CR 1493  
City-St-Zip: LACROSSE, FL 32658

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LARRY JONES

PRES

04/11/2007

Electronic Signature of Signing Officer or Director

Date