

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M90032

**FILED**  
**Mar 15, 2011**  
**Secretary of State**

**Entity Name:** NORTH CENTRAL CELLULAR, INC.

**Current Principal Place of Business:**

9000 NW 13ST  
GAINESVILLE, FL 32653

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 436  
LACROSSE, FL 32658

**New Mailing Address:**

**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 D PRES  
9000 NW 13TH ST  
GAINESVILLE, FL 32653 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

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

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: LARRY JONES

PRES

03/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date