


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N50797 1. Entity Name TALLAHASSEE FREE-NET, INC.			FILED 06 JAN -4 AM 10: 55 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business 2727 APALACHEE PARKWAY TALLAHASSEE, FL 32301		Mailing Address 2727 APALACHEE PARKWAY TALLAHASSEE, FL 32301	
DO NOT WRITE IN THIS SPACE			
6. Name and Address of Current Registered Agent FLAGER, CHRISTOPHER CPA 2727 APALACHEE PARKWAY TALLAHASSEE, FL 32301		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. <div style="text-align: right; margin-top: 10px;">800062642638 01/04/06--01031--019 **\$61.25</div>			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small> DATE _____	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DUKE, DENNIS 9907 WATERS MEET TALLAHASSEE, FL 32310		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT FLAGER, CHRISTOPHER 2727 APALACHEE APRKWAY TALLAHASSEE, FL 32301		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STILLWELL, GARY I 101 N. MONROE STREET TALLAHASSE, FL		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="font-size: 2em; margin-bottom: 10px;">JR/15</div> DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 617, 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: <u>Christopher Flager CPA</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1/3/06 850-878 6189 <small>Date Daytime Phone #</small>	