2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P00000011417

1. Entity Name

ONE SOURCE TELECOMMUNICATIONS CORPORATION

6. Name and Address of Current Registered Agent



Mailing Address

Principal Place of Business 6900-29 DANIELS PKWY #107

FORT MYERS, FL 33912

6900-29 DANIELS PKWY

#107

DO NOT WRITE IN THIS SPACE

FORT MYERS, FL 33912



FILED

Feb 16, 2004 08:00 AM Secretary of State

01292004

No Chg-P

CR2E034 (10/03)

4. FE! Number 65-0978440

Applied For Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

GILBERT, JON 6900-29 DANIELS PKWY #107 FORT MYERS, FL 33912

SIGNATURE:

DO NOT WRITE IN THIS SPACE

· O		a de deservados.			
8. The above the obligat	named entity submits this statement for the p ions of registered agent,	ourpose of changing its registere	d office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and little	ff applicable (NOTE, Registered	l Agent signature	required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		 Election Campaign Finan- Trust Fund Contribution. 	cing 🔲	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTOR5			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GILBERT, JON 6900-29 DANIELS PKWY #107 FORT MYERS, FL 33912				000000053060 02/16/04-80116-015 158.75
TITLE NAME SIREET ADDRESS CHY-SI-ZIP	SD BOESE, F.G. 6900-29 DANIELS PKWY #107 FORT MYERS, FL 33912	-			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY - ST - ZIP				IN T	THIS SPACE
TITLE NAME STREET ADDRESS CITY - SI - ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		_			
12. I hereby of indicated of the corchanged	certify that the information supplied with this fi Sathis report or supplemental report is true a poration or the receiver or trustee empowere , or on an attachment with an address, with all	ling does not qualify for the exer and accurate and that my signated to execute this report as required to that like empowered.	nption state ure shall haved by Chap	d in Section 119.07(3) ve the same legal effector 607, Florida Statute	(I), Florida Statutes. I further certify that the information of as if made under oath; that I am an officer or director as; and that my name appears in Block 10 or Block 11 if