


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Jul 16, 2007 08:00 AM  
Secretary of State**

DOCUMENT # P01000020550  
1. Entity Name  
SOUTHERN TELECOMMUNICATIONS CONSULTANTS,  
INC.



Principal Place of Business 4807 N GRADY AVE TAMPA, FL 33614-6513	Mailing Address 4807 N GRADY AVE TAMPA, FL 33614-6513
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**DO NOT WRITE IN THIS SPACE**



07032007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3699803	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
  
MILLER, SCOTT J  
4807 N GRADY AVE  
TAMPA, FL 33614-6513

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinitializing) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

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	D MILLER, SCOTT J 4807 N GRADY AVE TAMPA, FL 336146513
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07/16/07-80003-024 150.00

**DO NOT WRITE  
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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 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 like empowered.

SIGNATURE:  \_\_\_\_\_ Date: 7/5/07 Daytime Phone #: 813-354-9509  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR