## **2006 FOR PROFIT CORPORATION**

DO NOT WRITE IN THIS SPACE

## **ANNUAL REPORT DOCUMENT # P01000068971**

PROTOCALL COMMUNICATIONS, INC.



**FILED** May 01, 2006 08:00 AN Secretary of State

Principal Place of Business

32 ROCKLANDING RD PANACEA, FL 32346 Mailing Address

P.O. BOX 1440 PANACEA, FL 32346



04042006

No Chg-P

CR2E034 (11/05)

| 4. | FEI Number |  |
|----|------------|--|
|    | 65-1149164 |  |
|    |            |  |

Not Applicable \$8.75 Additional

Applied For

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

JETT, MICHAEL 32 ROCKLANDING ROAD PANACEA, FL 32346

## DO NOT WRITE IN THIS SPACE

|   | named entity submits this statement for the pricions of registered agent. | urpose of changing its registered office                 | or registered 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 fille if         | annicable INOTE Registered Apart sin                     | nature required when reinstating) | DATE  |
|   | Signature, speed of printed name of lagging and appearance and pro-       |  |                                   |   |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2006 Fee will be \$550.00 |   | Election Campaign Financing     Trust Fund Contribution. | \$5.00 May Be Added to Fees       | ·   |
| 10.   | OFFICERS AND DIREC  | TORS   |                                   |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 | PD<br>JETT, MICHAEL L<br>199 CHICKASAW ST<br>PANACEA, FL 32346            |  | U00000S53106                      |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 |   |  |                                   | 05/15/06-80039-025 150.00                                   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 |   |  | DO                                | NOT WRITE   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 |   |  | IN '                              | THIS SPACE  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 |   |  |                                   |   |
| TITLE NAME STREET ADDRESS CITY-ST-7IP                                 |   |  |                                   |   |

12. I hereby certify that the information supplied with this filling 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 cath; 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:

Jett-President

850/984-005d