


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90060 006 ***150.00

DOCUMENT # P01000074114

1. Entity Name
TELECOM BILLING SERVICES, INC.



Principal Place of Business
**14175 ICOT BLVD STE 100
CLEARWATER, FL 33760**

Mailing Address
**14175 ICOT BLVD STE 100
CLEARWATER, FL 33760**

44003764

2. Principal Place of Business
**14175 ICOT Blvd
Suite 100
Clearwater FL
33760 Pinellas**

3. Mailing Address
**14175 ICOT Blvd.
Suite 100
Clearwater, FL
33760 Pinellas**



01162004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3735958

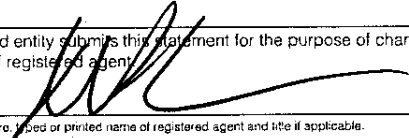
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**JOHNSON, DAN
14175 ICOT BLVD STE 100
CLEARWATER, FL 33760**

7. Name and Address of New Registered Agent
Name **JOHNSON, DAN**
Street Address (P.O. Box Number is Not Acceptable)
14175 ICOT Blvd. Suite 100
City **Clearwater** FL **33760**

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  **President** DATE **1/16/04**

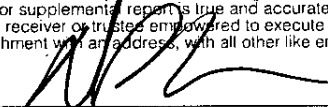
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSON, DANIEL P 3334 BRIAN RD N PALM HARBOR, FL 34685 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSON, DANIEL P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 14175 ICOT Blvd. Suite 100 CLEARWATER, FL 33760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S REDMOND, JOHN C 5558 BROOKLINE DRIVE ORLANDO, FL 32819 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Redmond, John C. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 14175 ICOT Blvd. Suite 100 Clearwater, FL 33760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **Daniel P. Johnson** DATE **1/16/04** DAYTIME PHONE # **7275243900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR