

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90117 024 ***150.00

DOCUMENT # P01000098404

1. Entity Name
NEXTGEN LONG DISTANCE INC.



Principal Place of Business
**6220 SOUTH ORANGE BLOSSOM TRAIL
SUITE 320
ORLANDO, FL 32809**

Mailing Address
**6220 SOUTH ORANGE BLOSSOM TRAIL
SUITE 320
ORLANDO, FL 32809**

2. Principal Place of Business

**6220 S. Orange Blossom Trail
Suite, Apt. #, etc.
Suite 511**

3. Mailing Address

**6220 S. Orange Blossom Trl
Suite, Apt. #, etc.
Suite 511**



05032004 Chg-P CR2E034 (10/03)

City & State
Orlando FL

City & State
Orlando FL

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Zip
32809

Country
USA

Zip
32809

Country
USA

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

6. Name and Address of Current Registered Agent

**BURTON, GERALD K ESQ
6220 SOUTH ORANGE BLOSSOM TRAIL
SUITE 320
ORLANDO, FL 32809**

7. Name and Address of New Registered Agent

Name
Douglas E Carey
Street Address (P.O. Box Number is Not Acceptable)
**6220 South Orange Blossom Trl
#511**
City
Orlando FL Zip Code
32809

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 **Douglas E Carey** **5/1/04**
Signature, typed or printed name of registered agent and title if applicable. (Not a Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

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	P	<input type="checkbox"/> Delete
NAME	BOUNELLIE, PAUL D	
STREET ADDRESS	6220 S ORANGE BLOSSOM TRAIL #320	
CITY-ST-ZIP	ORLANDO, FL 32809	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

Paul D. Bounellie

Date

Daytime Phone #

5/1/04

407 540 4121