

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000115531

1. Entity Name

TELNET OF SEMINOLE, INC.



Principal Place of Business
12912 89TH AVE NORTH
SEMINOLE FL 33776

Mailing Address
12912 89TH AVE NORTH
SEMINOLE FL 33776

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 04-3593991

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E034 (10/06)



6. Name and Address of Current Registered Agent

JINES, CHERYL A
12912 89TH AVE NORTH
SEMINOLE FL 33776

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-installing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME JINES, CHERYL A ☐ Delete
STREET ADDRESS 12912 89TH AVE NORTH
CITY ST ZIP SEMINOLE FL 33776

TITLE VD
NAME BROWNELL, STEPHEN J ☐ Delete
STREET ADDRESS 12912 89TH AVE NORTH
CITY ST ZIP SEMINOLE FL 33776

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Add
NAME 000000616562
STREET ADDRESS 02/07/07-80033-004 150.00
CITY ST ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Change ☐ Add
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CITY ST ZIP

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TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY ST ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Cheryl A Jines
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/30/07 727-433-0870
Daytime Phone #