

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 23, 2005 8:00 am
Secretary of State

DOCUMENT # P02000009506

1. Entity Name

COMPLETELY CONNECTED COMMUNICATIONS, INC.



08-11-2005 90001 013 ***158.75

08-23-2005 90012 006 ***400.00

Principal Place of Business

13784 BLUE LAGOON WAY
ORLANDO FL 32828

Mailing Address

13784 BLUE LAGOON WAY
ORLANDO FL 32828

30062995



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/04)

City & State

City & State

4. FEI Number

03-0376307

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBERSON, JOYCE
13784 BLUE LAGOON WAY
ORLANDO FL 32828

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 reissuing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERSON, JOYCE 13784 BLUE LAGOON WAY ORLANDO FL 32828	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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:

Joyce Roberson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/8/05

Date

407-382-4858

Daytime Phone #

From Completely Connected Communications Inc
13784 Blue Jayon Way ATTACHMENT
Orlando, FL 32828 50062995
#P02000009506 9/28/15

Dear Sirs,

I did not receive the
annual report notice before
May 1-2015 But did receive
a card on a later date

I needed to fill out so
the form would be sent
to me to fill out.

Should you decide to not
want the late fee I have
sent the required difference.

Please let me know if
there's any thing else you need.

Thankyou
Jaye Roberts



ATTACHMENT

50062995

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

August 12, 2005

COMPLETELY CONNECTED COMMUNICATIONS, INC.
13784 BLUE LAGOON WAY
ORLANDO, FL 32828

Subject: COMPLETELY CONNECTED COMMUNICATIONS, INC.

Reference Number: P02000009506

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$158.75; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$391.25.

The only provision the Division of Corporations has for waiver of the \$400.00 late fee is if the annual report notice was not received. A letter stating this fact must accompany the completed annual report.

**TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION,
PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF
CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-
1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/LS

ANNUAL REPORTS SECTION

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314