


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000030545

1. Entity Name
THE PHONE SPOT, INC.



Principal Place of Business
819 PEACOCK PLAZA #600
KEY WEST, FL 33040

Mailing Address
819 PEACOCK PLAZA #600
KEY WEST, FL 33040



04222004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3648260

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HARMAN, WILLIAM B
819 PEACOCK PLAZA #600
KEY WEST, FL 33040

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (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

U000000135603
04/28/04-80067-014 150.00

10. OFFICERS AND DIRECTORS

TITLE	PVST
NAME	HARMAN, WILLIAM B
STREET ADDRESS	68 BAY DRIVE BAY POINT, PO BOX 9104
CITY - ST - ZIP	KEY WEST, FL 330419104
TITLE	D
NAME	HARMAN, WILLIAM B
STREET ADDRESS	68 BAY DRIVE BAY POINT, PO BOX 9104
CITY - ST - ZIP	KEY WEST, FL 330419104
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(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: William B. Harman WILLIAM B. HARMAN 4-17-04 305-296-7030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #