


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000065279
 1. Entity Name
 1-800-ALPHATELL MARKETING, INC.



Principal Place of Business 4740 W. HWY 192 KISSIMMEE, FL 34746	Mailing Address 4740 W. HWY 192 KISSIMMEE, FL 34746
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02102004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 54-2066831	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required

6. Name and Address of Current Registered Agent
 KUCIK, JOHN
 719 E. RIDGEWOOD ST.
 ORLANDO, FL 32803

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KUCIK, JOHN 719 E. RIDGEWOOD ST. ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KUCIK, JOE 4740 W. HWY 192 KISSIMMEE, FL 34746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KUCIK, JOHN 719 E. RIDGEWOOD ST. ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KUCIK, BARRY 4740 W. HWY 192 KISSIMMEE, FL 34746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/15/04-80034-020 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ DATE: 3/11/04 DAYTIME PHONE #: 321-284-0125
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR