


2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000074573
 1. Entity Name
TELEPHONE SALES & SERVICE CO., INC.



Principal Place of Business Mailing Address
4431 11TH AVENUE N **4431 11TH AVENUE N**
ST. PETERSBURG, FL 33713 **ST. PETERSBURG, FL 33713**

DO NOT WRITE IN THIS SPACE



03102004 No Chg-P CR2E034 (10/03)

4. FEI Number 37-1434705	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
KELLEY, ROBERT J JR
4431 11TH AVENUE N
ST. PETERSBURG, FL 33713

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 KELLEY, ROBERT J JR 4431 11TH AVE N SAINT PETERSBURG, FL 33713
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPST KELLEY, DIANE T 4431 11TH AVE N SAINT PETERSBURG, FL 33713
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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)(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: *Diane T. Kelley* 4/28/04 727-323-8733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

DIANE T. KELLEY