

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90059 050 ***150.00

DOCUMENT # P03000014760

1. Entity Name

RED'S OLD FASHIONED TELEPHONE SERVICE, INC.



Principal Place of Business

14029 NW 49 AVE
GAINESVILLE FL 32606

Mailing Address

14029 NW 49 AVE
GAINESVILLE FL 32606

2. Principal Place of Business

25204 NW 79th PL

Suite, Apt. #, etc.

3. Mailing Address

25204 NW 79th PL

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

High Springs, FL

Zip 32643

Country Alachua

City & State

High Springs, FL

Zip 32643

Country Alachua

4. FEI Number

90-0063828

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCCARTHY, GERALD A
14029 NW 49 AVE
GAINESVILLE FL 32606

7. Name and Address of New Registered Agent

Name John McCarthy

Street Address (P.O. Box Number is Not Acceptable)
25204 NW 79th Place

City High Springs

FL

Zip Code 32643

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04-19-04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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	P	<input checked="" type="checkbox"/> Delete
NAME	MCCARTHY, GERALD A	
STREET ADDRESS	14029 NW 49 AVE	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	V	<input type="checkbox"/> Delete
NAME	MCCARTHY, JOHN M	
STREET ADDRESS	14029 NW 49 AVE	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MCCARTHY, PATRICIA A	
STREET ADDRESS	14029 NW 49 AVE	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	PRICE-TRICKEY, JULIE	
STREET ADDRESS	8401 NW 13 ST #112	
CITY-ST-ZIP	GAINESVILLE FL 32653	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

NAME	<input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	President
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/19/04 352 332 5209

Date

Daytime Phone #