
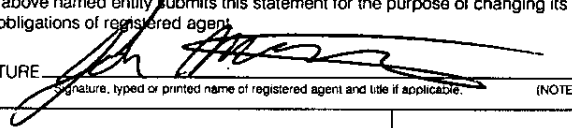



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90086 001 \*\*\*150.00

<b>DOCUMENT # P03000014760</b> 1. Entity Name <b>RED'S OLD FASHIONED TELEPHONE SERVICE, INC.</b>					
Principal Place of Business <b>25204 NW 79TH PLACE HIGH SPRINGS, FL 32643</b>			Mailing Address <b>25204 NW 79TH PLACE HIGH SPRINGS, FL 32643</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>90-0063828</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>MCCARTHY, JOHN 25204 NW 79TH PLACE HIGH SPRINGS, FL 32643</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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  <span style="float: right;"><b>04-28-05</b></span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>P</b> <input type="checkbox"/> Delete <b>MCCARTHY, JOHN M</b> STREET ADDRESS <b>14029 NW 49 AVE</b> CITY-ST-ZIP <b>GAINESVILLE, FL 32606</b>		TITLE	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>McCarthy, John M.</b> STREET ADDRESS <b>25204 NW 79th Place</b> CITY-ST-ZIP <b>High Springs, FL 32643</b>	
TITLE	<del>Vice President</del> <input type="checkbox"/> Delete <b>McCarthy, Veronica C.</b> STREET ADDRESS <b>25204 NW 79th Pl</b> CITY-ST-ZIP <b>High Springs, FL 32643</b>		TITLE	<b>Secretary / Treasurer</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>McCarthy, Veronica C.</b> STREET ADDRESS <b>25204 NW 79th Pl</b> CITY-ST-ZIP <b>High Springs, FL 32643</b>	
TITLE	<input type="checkbox"/> Delete 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"/> Delete 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"/> Delete 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"/> Delete 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: 			<b>04-28-05</b> Date <span style="float: right;">Daytime Phone #</span>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					