2005 FOR PROFIT CORPORATION . ANNUAL REPORT

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

ANNOAL KEFOKI									Secretary or State					
DOCUMENT # P03000014760 1. Entity Name RED'S OLD FASHIONED TELEPHONE SERVICE, INC.								05-03-2005 90086 001 ***150.00						
ALDO OLD I AGINONED ILLEFITONE SERVICE, INC.														
Principal Place of Business				Mailing Address] - -						
25204 NW 79TH PLACE HIGH SPRINGS, FL 32643				25204 NW 79TH PLACE HIGH SPRINGS, FL 32643										
11011 31 MMO3, TE 32043									II BEISER ANN RAIN ABKA BEI	II OUERI (1916 G	iên lêdik sini sal			
2. Principal Place of Business				3. Mailing Address										
Suite, Apt. #, etc.				Suite, Apt. #, etc.				04252005	Chg-P	CR2E	034 (10/03)	•		
City & State				City & State				4. FEI Number Applied F 90-0063828 Not Applie			plied For t Applicable			
Zip	Country			Zip Coun			5. Certificate of Status Desired S8.7			\$8.75 Add	litional d			
6. Name and Address of Current Registered Agent								7. Name and	d Address of New F	legistered				
MOOADTIN IOUN						Name								
MCCARTHY, JOHN 25204 NW 79TH PLACE HIGH SPRINGS, FL 32643						Street Address (P.O. Box Number is Not Acceptable)								
,														
						City				FL	- 1			
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_	the	ff the	\overline{a}						6	24-	18-0	5		
J.	nature, typed	or printed name of registered ag	ent and little if	applicable. (NOTE	Registere	d Agent signat	ure required	when reinstating)		DATE				
<u> </u>				9. Election Campaig	on Finar	ncina	¢ E	.00 May Be						
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contril					~			ed to Fees						
10.	I _	OFFICERS AF	ND DIREC	TORS	11.				/CHANGES TO OFF	ICERS AN	DIRECTORS	S IN 11		
TITLE NAME	P			☐ Delete	TITLE		Yre:	sident Carthy,	John M.		Change	Addition		
STREET ADDRESS	MCCARTHY, JOHN M S 14029 NW 49 AVE			NAM STR.			252	OH NW	7915 Plac	و.				
CITY-ST-ZIP	GAINESVILLE, FL 32606				CITY	-ST-ZIP			295, FL 32					
TITLE	Here President Secretary a Frenchiser					 E	Con		I I Time G. C.	nor	Change	Addition		
NAME	McCarthy, Veronica C.					E	Mc	Carth	Veroni	ca C	. —			
STREET ADDRESS	75204 NW 7975 Pl High Springs, FC 32643					ET ADORESS	25	204 NU	a Jate br		_	İ		
CITY+ST-ZIP	17:3×	Springs,	1 31	:643	CITY	-ST-ZIP	1112		ings, FL.	<u> 3264</u>	<u>3</u>			
TITLE NAME				Delete	TITLE			•	J ,		Change	☐ Addition		
STREET ADDRESS	Ì				NAM	ET ADDRESS						ł		
CITY-\$1-ZIP				•		-ST-ZIP						-		
TITLE				Delete	TITLE						☐ Change	Addition		
NAME STREET ADDRESS				•	NAM	et address								
CITY-ST-ZIP						-ST-ZIP								
INLE				☐ Delete	TITLE						☐ Change	Addition		
NAME					NAM							•		
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS								
				П.	-	-ST-ZIP								
TITLE				Delete	TITLE	:	l				Change	☐ Addition		

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

ASGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-28-05

Daytime Phone #