


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 14, 2004 8:00 am
Secretary of State

04-28-2004 90268 033 ***150.00

DOCUMENT # P03000073191

1. Entity Name
THE TELEPHONE EXCHANGE, INC.



Principal Place of Business
**P.O. BOX 11042
TALLAHASSEE FL 32302**

Mailing Address
**P.O. BOX 11042
TALLAHASSEE FL 32302**

2. Principal Place of Business
1367 Mahan Drive

3. Mailing Address
Suite, Apt. #, etc.

City & State
Tallahassee, FL

City & State
Suite, Apt. #, etc.

Zip
32308

Country
Leon

6. Name and Address of Current Registered Agent
**LARSEN, YOUNG
1367 MAHAN DRIVE
TALLAHASSEE FL 32308**

7. Name and Address of New Registered Agent
Name
Young Larsen

Street Address (P.O. Box Number is Not Acceptable)
#1 palmetto Drive

City
Crowfordville, FL

Zip Code
32327

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  **4/26/04**


Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LARSEN, ERIC P.O. BOX 11042 TALLAHASSEE FL 32302 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LARSEN, YOUNG P.O. BOX 11042 TALLAHASSEE FL 32302 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **4/26/04 445-7071**

Signature and typed or printed name of signing officer or director Date Daytime Phone #