

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000132636

1. Entity Name
FRANK LEWIS TELECOMMUNICATION SPECIALIST, INC.



Principal Place of Business
10166 SE 108TH TERRACE ROAD
OCALA, FL 34472 US

Mailing Address
10166 SE 108TH TERRACE ROAD
OCALA, FL 34472 US



02182008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0394917

Applied For
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LEWIS, FRANK S
10166 SE 108TH TERRACE ROAD
OCALA, FL 34472

**DO NOT WRITE
IN THIS SPACE**

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: *Frank S Lewis*

2-22-08

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000841879

02/11/08 00000 017 158.75

10. OFFICERS AND DIRECTORS

TITLE PTS
NAME LEWIS, FRANK S
STREET ADDRESS 10166 SE 108TH TERRACE ROAD
CITY-ST-ZIP Ocala, FL 34472

TITLE VP
NAME LEWIS, NANCY J
STREET ADDRESS 10166 SE 108TH TERRACE ROAD
CITY-ST-ZIP Ocala, FL 34472

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Frank S Lewis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-08 352-266-5567

Date

Daytime Phone #