

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03012

1. Entity Name
TELO, INC.



Principal Place of Business
8341 REDMAC ST.
PORT RICHEY, FL 34668

Mailing Address
8341 REDMAC ST.
PORT RICHEY, FL 34668

FILED
Feb 12, 2004 08:00 AM
Secretary of State



02022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
34-0970436

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PARRI, RAYMOND L
1217 PONCE DE LEON BLVD
CLEARWATER, FL 34616

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when instituting)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	VOELKLE, LYNN G
STREET ADDRESS	8341 REDMAC ST.
CITY-ST-ZIP	PORT RICHEY, FL
TITLE	V
NAME	HULEN, WILLIAM E
STREET ADDRESS	8341 REDMAC ST.
CITY-ST-ZIP	PORT RICHEY, FL
TITLE	S
NAME	ROCHEK, JANEY
STREET ADDRESS	8341 REDMAC ST.
CITY-ST-ZIP	PORT RICHEY, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/12/04-80048-011 150.00

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IN THIS SPACE**

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 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:

Lynn G Voelke President 2/5/04 727-848-1800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #