2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 08:00 AM
Secretary of State

DOCUMENT# P03012

1. EntityName
TELO,INC.

PrincipalPlaceofBusiness
8341REDMACST.
PORTRICHEY,FL34668

MailingAddress
8341REDMACST.
PORTRICHEY,FL34668

DO NOT WRITE IN THIS SPACE

03292005 NoChg-P CR2E034(10/03)

4. FEINumber
34-0970436
☐ AppliedFor
☐ NotApplicable

5. CertificateofStatusDesired ☐ **$8.75** Additional FeeRequired

6. NameandAddressofCurrentRegisteredAgent

PARRI,RAYMONDL
1217PONCEDELEONBLVD
CLEARWATER,FL34616

DO NOT WRITE IN THIS SPACE

8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,intheStateofFlorida. Iamfamiliarwith,andaccept theobligationsofregisteredagent

SIGNATURE _____ DATE
Signature,typedorprintednameofregisteredagentandtitleifapplicable. (NOTE:RegisteredAgentsignaturerequiredwhenre instating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. ElectionCampaignFinancing TrustFundContribution. ☐ **$5.00** MayBe AddedtoFees

U00000283222
04/01/05-80015-012 150.00

10. OFFICERSANDDIRECTORS

TITLE	PD
NAME	VOELKLE,LYNNG
STREETADDRESS	8341REDMACST.
CITY-ST-ZIP	PORTRICHEY,FL
TITLE	V
NAME	HULEN,WILLIAME
STREETADDRESS	8341REDMACST.
CITY-ST-ZIP	PORTRICHEY,FL
TITLE	S
NAME	ROCHEK,JANEY
STREETADDRESS	8341REDMACST.
CITY-ST-ZIP	PORTRICHEY,FL
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. Ihereby 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: Lynn G Voelkle President 3/30/05 727-848-1810
SIGNATUREANDTYPEDORPRINTEDNAMEOFSIGNINGOFFICERORDIRECTOR Date DaytimePhone#