


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # P03012 1. Entity Name TELO, INC.	
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Principal Place of Business 8341 REDMAC ST. PORT RICHEY, FL 34668	Mailing Address 8341 REDMAC ST. PORT RICHEY, FL 34668
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DO NOT WRITE IN THIS SPACE



01122008 No Chg-P CR2E034 (11/05)

4. FEI Number 34-0970436	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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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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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VOELKLE, LYNN G 8341 REDMAC ST. PORT RICHEY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HULEN, WILLIAM E 8341 REDMAC ST. PORT RICHEY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROCHEK, JANEY 8341 REDMAC ST. PORT RICHEY, FL
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01/25/08-80014-024 150.00

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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 40 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lynn G. Voelkle LYNN G. VOELKLE PRES. 1/23/08 430-2457

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #