


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 01, 2005 8:00 am**  
**Secretary of State**

02-01-2005 90026 029 \*\*\*150.00

<b>DOCUMENT # P04000024388</b>	
1. Entity Name <b>UNKCOM INC</b>	

Principal Place of Business <b>1060 SOUTH 850W COLUMBUS, IN 47201</b>	Mailing Address <b>1060 SOUTH 850W COLUMBUS, IN 47201</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**40010272**



01062005 Chg-P CR2E034 (10/03)

4. FEI Number		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>BENNICE, JOSEPH 4873 ITALY AVE NORTH PORT, FL 34288</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD RHODES, GREG 1060 SOUTH 850W COLUMBUS, IN 47201 <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	VD BENNICE, JOSEPH 4873 ITALY AVE NORTH PORT, FL 34288 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Debit Phone #

p. 1  
p. 1

ATTACHMENT

<b>DOCUMENT # P04000024388</b> 1. Entry Name <b>UNKCOM INC</b>		 <div style="font-size: 2em; font-weight: bold; transform: rotate(-10deg); position: absolute; top: 10px; right: 10px;">40010272</div> <div style="background-color: black; width: 100px; height: 30px; margin: 10px auto;"></div>																							
2. Principal Place of Business <b>1060 SOUTH 850W COLUMBUS, IN 47201</b>		3. Mailing Address <b>1060 SOUTH 850W COLUMBUS, IN 47201</b>																							
4. Principal Place of Business (Same as 2)		5. Mailing Address (Same as 3)																							
6. City & State <b>Columbus, IN</b>		7. City & State <b>Columbus, IN</b>																							
8. Zip <b>47201</b>		9. Zip <b>47201</b>																							
10. Name and Address of Current Registered Agent <b>BENNICE, JOSEPH 4873 ITALY AVE NORTH PORT, FL 34288</b>		11. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number & Not Addressed to): _____ City: _____ <b>FL</b> Zip Code: _____																							
12. The undersigned hereby submit this application for the purpose of changing or expiring as required after expiration of term of office of the undersigned and the undersigned hereby certifies that the undersigned is the undersigned of the undersigned.																									
SIGNATURE: <u><i>Joseph C Bennice</i></u> <small>Signature typed or printed name of registered agent and title if applicable.</small>		SIGNATURE: <u><i>Joseph C Bennice</i></u> <small>Signature typed or printed name of registered agent and title if applicable.</small>																							
FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$650.00		13. Section Change or Renewal <input type="checkbox"/> Section Change or Renewal <b>\$5.00 May Be Added to Fee</b>																							
14. OFFICER AND DIRECTOR <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">           TITLE: <b>PTSD</b>            NAME: <b>RHODES, GREG</b>            STREET ADDRESS: <b>1060 SOUTH 850W</b>            CITY-STATE: <b>COLUMBUS, IN 47201</b> </td> <td style="width: 50%;"> <input type="checkbox"/> Officer <input type="checkbox"/> Director         </td> </tr> <tr> <td>           TITLE: <b>VD</b>            NAME: <b>BENNICE, JOSEPH</b>            STREET ADDRESS: <b>4873 ITALY AVE</b>            CITY-STATE: <b>NORTH PORT, FL 34288</b> </td> <td> <input type="checkbox"/> Officer <input type="checkbox"/> Director         </td> </tr> <tr> <td>           TITLE: _____            NAME: _____            STREET ADDRESS: _____            CITY-STATE: _____         </td> <td> <input type="checkbox"/> Officer <input type="checkbox"/> Director         </td> </tr> <tr> <td>           TITLE: _____            NAME: _____            STREET ADDRESS: _____            CITY-STATE: _____         </td> <td> <input type="checkbox"/> Officer <input type="checkbox"/> Director         </td> </tr> <tr> <td>           TITLE: _____            NAME: _____            STREET ADDRESS: _____            CITY-STATE: _____         </td> <td> <input type="checkbox"/> Officer <input type="checkbox"/> Director         </td> </tr> <tr> <td>           TITLE: _____            NAME: _____            STREET ADDRESS: _____            CITY-STATE: _____         </td> <td> <input type="checkbox"/> Officer <input type="checkbox"/> Director         </td> </tr> </table>		TITLE: <b>PTSD</b> NAME: <b>RHODES, GREG</b> STREET ADDRESS: <b>1060 SOUTH 850W</b> CITY-STATE: <b>COLUMBUS, IN 47201</b>	<input type="checkbox"/> Officer <input type="checkbox"/> Director	TITLE: <b>VD</b> NAME: <b>BENNICE, JOSEPH</b> STREET ADDRESS: <b>4873 ITALY AVE</b> CITY-STATE: <b>NORTH PORT, FL 34288</b>	<input type="checkbox"/> Officer <input type="checkbox"/> Director	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-STATE: _____	<input type="checkbox"/> Officer <input type="checkbox"/> Director	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-STATE: _____	<input type="checkbox"/> Officer <input type="checkbox"/> Director	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-STATE: _____	<input type="checkbox"/> Officer <input type="checkbox"/> Director	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-STATE: _____	<input type="checkbox"/> Officer <input type="checkbox"/> Director	15. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">           TITLE: _____            NAME: _____            STREET ADDRESS: _____            CITY-STATE: _____         </td> <td style="width: 50%;"> <input type="checkbox"/> Officer <input type="checkbox"/> Director         </td> </tr> <tr> <td>           TITLE: _____            NAME: _____            STREET ADDRESS: _____            CITY-STATE: _____         </td> <td> <input type="checkbox"/> Officer <input type="checkbox"/> Director         </td> </tr> <tr> <td>           TITLE: _____            NAME: _____            STREET ADDRESS: _____            CITY-STATE: _____         </td> <td> <input type="checkbox"/> Officer <input type="checkbox"/> Director         </td> </tr> <tr> <td>           TITLE: _____            NAME: _____            STREET ADDRESS: _____            CITY-STATE: _____         </td> <td> <input type="checkbox"/> Officer <input type="checkbox"/> Director         </td> </tr> <tr> <td>           TITLE: _____            NAME: _____            STREET ADDRESS: _____            CITY-STATE: _____         </td> <td> <input type="checkbox"/> Officer <input type="checkbox"/> Director         </td> </tr> </table>		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-STATE: _____	<input type="checkbox"/> Officer <input type="checkbox"/> Director	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-STATE: _____	<input type="checkbox"/> Officer <input type="checkbox"/> Director	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-STATE: _____	<input type="checkbox"/> Officer <input type="checkbox"/> Director	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-STATE: _____	<input type="checkbox"/> Officer <input type="checkbox"/> Director	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-STATE: _____	<input type="checkbox"/> Officer <input type="checkbox"/> Director
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16. I hereby certify that the information provided on this form is true and correct to the best of my knowledge and belief. I am the undersigned of the undersigned and the undersigned hereby certifies that the undersigned is the undersigned of the undersigned.																									
SIGNATURE: <u><i>Greg Rhodes</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		SIGNATURE: <u><i>Joseph C Bennice</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																							
1-25-05		812-229-0822																							