


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90022 028 ***158.75

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| DOCUMENT # P04000056106 |  |
| 1. Entity Name AMERICAN OLD SCHOOL TELEPHONE, INC. | |

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| Principal Place of Business 5119 MARION COUNTY RD. WEIRSDALE, FL 32195 | Mailing Address 5119 MARION COUNTY RD. WEIRSDALE, FL 32195 |
|--|--|

40036247



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03112007 No Chg-P CR2E034 (11/05)

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|---|---------------------------------------|
| 4. FEI Number 20-1022813 | 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

ARBUTHNOT, JON E
5119 MARION COUNTY RD.
WEIRSDALE, FL 32195

**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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

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|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D ARBUTHNOT, JON E 5119 MARION COUNTY RD. WEIRSDALE, FL 32195 |
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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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JON E. ARBUTHNOT Date: 3-12-07 Daytime Phone #: 352 636-2342

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR