

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000066985

Entity Name: TELEPHONE SUPPLY, INC.

FILED
Apr 25, 2005
Secretary of State

Current Principal Place of Business:

864 SW POPLAR LANE
LAKE CITY, FL 32025 US

New Principal Place of Business:

615 SW SWEETBREEZE DRIVE
LAKE CITY, FL 32024 US

Current Mailing Address:

864 SW POPLAR LANE
LAKE CITY, FL 32025 US

New Mailing Address:

615 SW SWEETBREEZE DRIVE
LAKE CITY, FL 32024 US

FEI Number: 43-2049457

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PONS, KATHERINE J
864 SW POPLAR LANE
LAKE CITY, FL 32025 US

Name and Address of New Registered Agent:

PONS, KATHERINE J
615 SW SWEETBREEZE DRIVE
LAKE CITY, FL 32024 US

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.

SIGNATURE: KATHERINE PONS

04/25/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PONS, KATHERINE J
Address: 864 SW POPLAR LANE
City-St-Zip: LAKE CITY, FL 32025 US

Title: VP () Delete
Name: PONS, MICHAEL
Address: 864 SW POPLAR LANE
City-St-Zip: LAKE CITY, FL 32025 US

Title: S/T () Delete
Name: PONS, MICHAEL
Address: 864 SW POPLAR LANE
City-St-Zip: LAKE CITY, FL 32025 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PONS, KATHERINE J
Address: 615 SW SWEETBREEZE DRIVE
City-St-Zip: LAKE CITY, FL 32024 US

Title: VP (X) Change () Addition
Name: PONS, MICHAEL
Address: 615 SW SWEETBREEZE DRIVE
City-St-Zip: LAKE CITY, FL 32024 US

Title: S/T (X) Change () Addition
Name: PONS, MICHAEL
Address: 615 SW SWEETBREEZE DRIVE
City-St-Zip: LAKE CITY, FL 32024 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL PONS

VP

04/25/2005

Electronic Signature of Signing Officer or Director

Date