


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000066985	
1. Entity Name TELEPHONE SUPPLY, INC.	

Principal Place of Business 615 SW SWEETBREEZE DRIVE LAKE CITY, FL 32024 US	Mailing Address 615 SW SWEETBREEZE DRIVE LAKE CITY, FL 32024 US
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DO NOT WRITE IN THIS SPACE



04302006 No Chg-P CR2E034 (11/05)

4. FEI Number 43-2049457	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 P	PONS, KATHERINE J
NAME	
STREET ADDRESS	615 SW SWEETBREEZE DRIVE
CITY-ST-ZIP	LAKE CITY, FL 32024
TITLE VP	PONS, MICHAEL
NAME	
STREET ADDRESS	615 SW SWEETBREEZE DRIVE
CITY-ST-ZIP	LAKE CITY, FL 32024
TITLE S/T	PONS, MICHAEL
NAME	
STREET ADDRESS	615 SW SWEETBREEZE DRIVE
CITY-ST-ZIP	LAKE CITY, FL 32024
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000561015
05/19/06-80062-018 150.00

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

SIGNATURE:  **4/28/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #