

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000105390



**FILED
Apr 27, 2005 8:00 am
Secretary of State**

04-27-2005 90311 003 ***150.00

DOCUMENT # P04000105390

1. Entity Name

A-TEL OF JACKSONVILLE, INC.

Principal Place of Business

5913 NORMANDY BLVD.

13

JACKSONVILLE, FL 32205 US

Mailing Address

5913 NORMANDY BLVD.

13

JACKSONVILLE, FL 32205 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

ALBERT, GEORGE L
5365 OAK BAY DR.
JACKSONVILLE, FL 32277

Name

Street Address

City

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. \$ Ad

10. OFFICERS AND DIRECTORS

11.

TITLE P/S
NAME ALBERT, GEORGE L
STREET ADDRESS 5365 OAK BAY DR.
CITY-ST-ZIP JACKSONVILLE, FL 32277

Delete

TITLE VP/T
NAME PATEL, VIPUL R
STREET ADDRESS 5924 COVERED CREEK LN
CITY-ST-ZIP JACKSONVILLE, FL 32277

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in indicated on this report or supplemental report is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 691, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 

GEORGE L. ALBERT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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:

George L. ALBERT

4/13/05 904-743-2222

Part

Review Phase 4