## **2005 FOR PROFIT CORPORATION**

## May 02, 2005 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P04000162301 05-02-2005 90558 037 \*\*\*150.00 N TOUCH CELLULAR, COMPANY, INC. Mailing Address Principal Place of Business 103 SWEET BRAIR ROAD 103 SWEET BRAIR ROAD LONGWOOD, FL 32750 LONGWOOD, FL 32750 2. Principal Place of Business 3. Mailing Address S.W. College Bd 905 1905 Suite, Apt. #, etc. Suite, Apt. #, etc 04272005 CR2E034 (10/03) Cha-P STE City & State Ocalo Dity & State Applied For 4. FEI Number 935 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MOLIERE, JOHN E Street Address (P.O. Box Number is Not Acceptable) 103 SWEET BRAIR ROAD LONGWOOD, FL 32750 City Zip Code Fl 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Added to Fees Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change Addition THILE Delete TITLE MOLIERE, JOHN E NAME NAME 2927 LEWIS ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP **DOVER, FL 33527** ☐ Delete TITLE Change Addition TITLE WHITEHEAD, PATRICK L NAME NAME 103 SWEET BRAIR ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LONGWOOD, FL 32750 CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE NAME MAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 7 14 Delete Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP ☐ Delete THE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS

12. Thereby certify that the information supplied with this filling 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 addless, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED