


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90184 018 ***150.00

DOCUMENT # P04000162301			
1. Entity Name N TOUCH CELLULAR, COMPANY, INC.			
Principal Place of Business 1905 SW COLLEGE RD STE 4 OCALA, FL 34474		Mailing Address 1905 SW COLLEGE RD STE 4 OCALA, FL 34474	
2. Principal Place of Business 1345 S.E. 42 DR. Suite, Apt. #, etc.		3. Mailing Address P.O. Box 158 Suite, Apt. #, etc.	
City & State Sumterville, FL		City & State Sumterville, FL	
Zip 33585	Country U.S.A.	Zip 33585	Country U.S.A.
4. FEI Number 20-1155935		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 MOLIERE, JOHN E 103 SWEET BRAIR ROAD LONGWOOD, FL 32750		7. Name and Address of New Registered Agent Name John E. Moliere Street Address (P.O. Box Number is Not Acceptable) 1345 S.E. 42 Dr. City Sumterville FL Zip Code 33585	
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: <i>John E. Moliere</i> (NOTE: Registered Agent signature required when reinstating) DATE: 4/29/06			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOLIERE, JOHN E 2927 LEWIS ROAD DOVER, FL 33527 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President John E. Moliere 1345 S.E. 42 Dr. Sumterville, FL 33585 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITEHEAD, PATRICK L 103 SWEET BRAIR ROAD LONGWOOD, FL 32750 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>X John Moliere</i>		DATE: 4/29/06 (352)254-0184	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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