FOR PROFIT CORPORATION ANNUAL REPORT

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2011 SEP -1 PM 3:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000010451

1. Entity Name

Telehar Corporation

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700211679637
09/01/11--01032--001 **585.00

CR2E034B (1/11)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1000 SW 15th St.	1000 SW 15th St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Okeechobee, Florida	City & State: Okeechobee, FL 34974
Zip: 34974 Country: Okeechobee	Zip: 34974 Country: Okeechobee

4. FEI Number: 20-2196987 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: TERESA D'CONNOR

Street Address (P.O. Box Number is Not Acceptable): 1000 SW 15th St

City: Okeechobee, FL Zip Code: 34974

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: Teresa H. O'Connor
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when adding) DATE

January 1 thru May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended AR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

E-mail Address: telehar corp@aol.com
E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres Teresa H. O'Connor 1000 SW 15th St Okeechobee, FL 34974
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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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE: Teresa H. O'Connor