

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000079956

Entity Name: AREA CODE 876, INC.

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

1108 DESOTO AVE
LEHIGH ACRES, FL 33972

New Principal Place of Business:

609 DESOTO AVE
LEHIGH ACRES, FL 33972

Current Mailing Address:

P.O. BOX 590026
FT. LAUDERDALE, FL 33359

New Mailing Address:

FEI Number: 68-0609451

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAINFORD, DAVID
1108 DESOTO AVE
LEHIGH ACRES, FL 33972 US

Name and Address of New Registered Agent:

RAINFORD, DAVID
609 DESOTO AVE
LEHIGH ACRES, FL 33972 US

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.

SIGNATURE: DAVID RAINFORD

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: RAINFORD, DAVID
Address: 1108 DESOTO AVE
City-St-Zip: LEHIGH ACRES, FL 33972

Title: SEC () Delete
Name: COX, ALTON
Address: 1108 DESOTO AVE
City-St-Zip: LEHIGH ACRES, FL 33972

Title: DST () Delete
Name: MANN, MICHAEL
Address: 1108 DESOTO AVE
City-St-Zip: LEHIGH ACRES, FL 33972

Title: DIR () Delete
Name: SHAW, KEVIN
Address: 1108 DESOTO AVE
City-St-Zip: LEHIGH ACRES, FL 33972

Title: DIR () Delete
Name: DOUGLAS, DAMION
Address: 1023 COLIN DR
City-St-Zip: ROYERSFORD, PA 19468

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: RAINFORD, DAVID
Address: 609 DESOTO AVE
City-St-Zip: LEHIGH ACRES, FL 33972

Title: SEC (X) Change () Addition
Name: COX, ALTON
Address: 609 DESOTO AVE
City-St-Zip: LEHIGH ACRES, FL 33972

Title: DST (X) Change () Addition
Name: JAMES, TAJ
Address: 609 DESOTO AVE
City-St-Zip: LEHIGH ACRES, FL 33972

Title: DIR (X) Change () Addition
Name: TOMLINSON, DUJON
Address: 609 DESOTO AVE
City-St-Zip: LEHIGH ACRES, FL 33972

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID RAINFORD

DP

04/29/2009

Electronic Signature of Signing Officer or Director

Date