

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # P93000021646

1. Entity Name
HOSE-MCCANN TELEPHONE CO., INC.



Principal Place of Business
**1241 W. NEWPORT CENTER DR
DEERFIELD BEACH, FL 33442 US**

Mailing Address
**1241 W NEWPORT COURT DRIVE
DEERFIELD BEACH, FL 33442 US**



01152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-2509641

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GRANDE, JOAN M
C/O HOSE-MCCANN TELEPHONE CO., INC.
1241 W. NEWPORT CENTER DRIVE
DEERFIELD BEACH, FL 33442**

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

000000809895

02/08/08-80040-004 450.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	GRANDE, JOAN M
STREET ADDRESS	1241 W. NEWPORT CENTER DRIVE
CITY-ST-ZIP	DEERFIELD BEACH, FL
TITLE	ST
NAME	CHIPOLONE, MICHAEL
STREET ADDRESS	1241 W. NEWPORT CENTER DRIVE
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

JOAN M. GRANDE

01-24-08

954-429-1110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #