

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 05, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000033155**

1. Entity Name  
U.S. TELEPHONE SERVICES, INC.



Principal Place of Business  
1401 MERCER AVENUE  
WEST PALM BEACH, FL 33401

Mailing Address  
P.O. BOX 639  
WEST PALM BEACH, FL 33402-0639



05012008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0401078	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

CAWOOD, MARIAN  
C/O K & F PA  
1665 PALM BEACH LAKES BLVD., SUITE 1000  
WEST PALM BEACH, FL 33401

**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 renewing)

DATE

5.1.08

**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

000000947445  
06/02/08-80015-010 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	COO
NAME	CAWOOD, MARIAN
STREET ADDRESS	1401 MERCER AVENUE
CITY-ST-ZIP	WEST PALM BEACH, FL 33401

TITLE	VP
NAME	SINGER, RODNEY
STREET ADDRESS	1515 SOUTH FLAGLER DRIVE
CITY-ST-ZIP	WEST PALM BEACH, FL 33401

TITLE	
NAME	
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CITY-ST-ZIP	

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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:**

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

5.1.08 5616830440