

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000004834

1. Entity Name
MOBILETEL CORPORATION



Principal Place of Business
**1500 N JEFFERSON STREET
MONTICELLO, FL 32344**

Mailing Address
**1500 N JEFFERSON STREET
MONTICELLO, FL 32344**



02192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3219050

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**BARFIELD, TIMOTHEE A
1500 N JEFFERSON STREET
MONTICELLO, FL 32344**

**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

Timothee A. Barfield
Signature, typed or printed name of registered agent and title if applicable

TIMOTHEE A BARFIELD
(NOTE: Registered Agent signature required when reinstating)

4/7/04
Date

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BARFIELD, TIMOTHEE A
STREET ADDRESS	590 VIRGINIA ST
CITY - ST - ZIP	MONTICELLO, FL 32344
TITLE	ST
NAME	LITTLEFIELD, JAY M
STREET ADDRESS	3161 BOSTON HWY
CITY - ST - ZIP	MONTICELLO, FL 32344
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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04/09/04-80048-024 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Timothee A. Barfield
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TIMOTHEE A. BARFIELD

Date

Daytime Phone #

4/7/04
850 897 4150