


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000044306</b>	
1. Entity Name <b>TELEPHONE ON HOLD COMMERCIALS, INC.</b>	

Principal Place of Business <b>20000 BANKS ROAD SUITE 204 MARGATE, FL 33063</b>	Mailing Address <b>2000 BANKS ROAD SUITE 204 MARGATE, FL 33063</b>
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04302006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0587998</b>	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  <b>AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES, FL 33134</b>
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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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD KING, DIANE 3842 NW 62ND ST COCONUT CREEK, FL 33073</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD KING, DIANE 3842 NW 62ND STREET COCONUT CREEK, FL 33073</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CLARK, CHRISTINE 3842 NW 62ND STREET COCONUT CREEK, FL 33073</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LIGHTMAN, RUTH 3842 NW 62ND STREET COCONUT CREEK, FL 33073</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/18/06-80007-022 150.00

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Diane King *Diane King* President 4/27/06 954-956-7288  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #