


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2005 8:00 am**  
**Secretary of State**

01-14-2005 90007 026 \*\*\*150.00

<b>DOCUMENT # P95000056489</b> 1. Entity Name <b>CONTROL TELECOM, INCORPORATED</b>			
Principal Place of Business <b>19321 US 19 NORTH SUITE 308 CLEARWATER, FL 33764 US</b>		Mailing Address <b>19321 US 19 NORTH SUITE 308 CLEARWATER, FL 33764 US</b>	
2. Principal Place of Business <b>8080 Ulmerton Rd</b> Suite, Apt. #, etc. <b>Ste. E</b>		3. Mailing Address <b>8080 Ulmerton Rd.</b> Suite, Apt. #, etc. <b>Ste E</b>	
City & State <b>LARGO FL</b>		City & State <b>LARGO, FL</b>	
Zip <b>33771</b>		Zip <b>33771</b>	
Country <b>Pinellas</b>		Country <b>Pinellas</b>	
4. FEI Number <b>59-3340653</b>		Applied For <input type="checkbox"/> 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>CARTER, JERRY W 19321 US 19 NORTH SUITE 308 CLEARWATER, FL 34624</b>		7. Name and Address of New Registered Agent Name <b>Jerry W. Carter</b> Street Address (P.O. Box Number is Not Acceptable) <b>8080 Ulmerton Rd</b> <b>Suite E</b> City <b>Largo</b> <b>FL</b> Zip Code <b>33771</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CARTER, JERRY W. 2755 CAMDEN RD CLEARWATER, FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S OLSON-NELSON, SALLY A 2050 DODGE ST CLEARWATER, FL	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <b>Jerry W. Carter</b>		Date <b>1-11-05</b> Daytime Phone # <b>727 5380327</b>	

**50002553**



01112005 Chg-P CR2E034 (10/03)