


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

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

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

DOCUMENT # P95000056489  
 1. Entity Name  
 CONTROL TELECOM, INCORPORATED



Principal Place of Business  
 19321 US 19 NORTH  
 SUITE 308  
 CLEARWATER, FL 33764 US

Mailing Address  
 19321 US 19 NORTH  
 SUITE 308  
 CLEARWATER, FL 33764 US

50002553



2. Principal Place of Business  
 8080 Ulmerton Rd  
 Suite, Apt. #, etc.  
 Ste. E

3. Mailing Address  
 8080 Ulmerton Rd.  
 Suite, Apt. #, etc.  
 Ste E

01112005 Chg-P CR2E034 (10/03)

City & State  
 LARGO FL

City & State  
 LARGO, FL

Zip  
 33771

Country  
 Pinellas

Zip  
 33771

Country  
 Pinellas

4. FEI Number  
 59-3340653

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 CARTER, JERRY W  
 19321 US 19 NORTH  
 SUITE 308  
 CLEARWATER, FL 34624

7. Name and Address of New Registered Agent  
 Name  
 Jerry W. Carter  
 Street Address (P.O. Box Number is Not Acceptable)  
 8080 Ulmerton Rd  
 Suite E  
 City  
 Largo FL Zip Code  
 33771

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Jerry W. Carter Date: 1-11-05 Daytime Phone #: 727 5380327  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR