

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2008 8:00 am**  
**Secretary of State**

03-12-2008 90024 008 \*\*\*150.00

**DOCUMENT # P95000071421**

1. Entity Name  
**TELEX CONSULTANTS, INC.**



Principal Place of Business

**800 SEAGATE DR  
#202  
NAPLES, FL 34103**

Mailing Address

**800 SEAGATE DR  
#202  
NAPLES, FL 34103**

**40043366**



01082008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**57-1032025**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MYERS, RICHARD  
C/O BUSINESS SOLUTIONS OF NAPLES INC  
800 SEAGATE DRIVE 202  
NAPLES, FL 34103**

**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 reinstating)

DATE

**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**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MYERS, RICHARD M  
800 SEAGATE DR  
NAPLES, FL 34103**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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CITY-ST-ZIP

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 #

**02-26-08**

ATTACHMENT 40043366

P95000071421

**Window Expressions**

14 Lebanon Plaza

Lebanon, New Jersey 08833

908-236-2688

908-236-9329 Fax

February 29, 2008  
~~January 29, 2008~~

**ATTN: DICK MYER**

**QUOTE FOR: CONDO - 17 AUGUSTA DR., BEAVER BROOK**

DESCRIPTION	QTY	AMOUNT
MOST OF THE EXISTING VERTICAL BLIND TRACKS HAVE STRIPPED GEARS ON THEM AND THE PLASTIC VALANCES ARE YELLOWED AND CRACKED. I'VE PRICE 2 OPTIONS OF REPLACING COMPLETE UNITS W/TRACKS, VANES AND VALANCES		
TEXTURED BASIC VINYL	5 SETS	937.00
Neutral beige color		
	NJ TAX	<u>65.59</u>
		1,002.59
<hr/>		
DECORATIVE TEXTURED VINYL (more durable)	5 SETS	1,158.00
Neutral beige color		
	NJ TAX	<u>81.06</u>
		1,239.06

All discounted prices include installation