

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2006 8:00 am
Secretary of State

04-06-2006 90002 031 ***150.00

DOCUMENT # P96000095240

1. Entity Name

TELLO COASTAL COMMUNICATIONS, INC.



Principal Place of Business

3225 BELLFLOWER WAY
LAKELAND FL 33811

Mailing Address

3225 BELLFLOWER WAY
LAKELAND FL 33811



1st MOORE CR2E034 (10/05)

2. Principal Place of Business

3225 Bellflower Way

3. Mailing Address

Suite, Apt. #, etc.

City & State

Lakeland FL

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3434231

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SANDERS, RONALD
3225 BELLFLOWER WAY
LAKELAND FL 33811

7. Name and Address of New Registered Agent

Name Jason D. Sanders

Street Address (P.O. Box Number is Not Acceptable)

1406 MAXIMILAN DR.

City WESLEY CHAPEL

FL

Zip Code

33543

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

Jason D. Sanders

Signature, typed or printed name of registrant agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

3/30/06

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution. ☐

\$5.00 May Be

Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D. PRESIDENT ☐ Delete

NAME

SANDERS, RONALD

STREET ADDRESS

3225 BELLFLOWER WAY

CITY-ST-ZIP

LAKELAND FL 33811

TITLE

D VICE PRESIDENT ☐ Delete

NAME

SANDERS, SANDRA

STREET ADDRESS

3225 BELLFLOWER WAY

CITY-ST-ZIP

LAKELAND FL 33811

TITLE

☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ Change ☒ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Ronald W. Sanders

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/06

Date

6836040334

Daytime Phone #