


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P97000011894 1. Entity Name SOUTHEASTERN TELECOM OF FLORIDA, INC.	
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Principal Place of Business 5439 BEAUMONT CENTE RBLVD SUITE 1000 TAMPA, FL 33634	Mailing Address 500 ROYAL PARKWAY NASHVILLE, TN 37214
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**DO NOT WRITE IN THIS SPACE**



01242005 No Chg-P CR2E034 (10/03)

4. FEI Number 62-1674478	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

GUSTINO, JAMES A  
444 WEST NEW ENGLAND AVENUE  
SUITE G  
WINTER PARK, FL 32789

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

<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"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HALEY, JOHN W 500 ROYAL PKWY. NASHVILLE, FL 37214
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT ALLEN, WILLIAM F 500 ROYAL PARKWAY NASHVILLE, TN 37214
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WOLF, BETTY JO 500 ROYAL PARKWAY NASHVILLE, TN 37214
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BUFFA, TONY 4407 VINELAND ROAD ORLANDO, FL 37214
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000210238  
02/02/05-80071-006 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Betty Jo Wolf 1/25/04 615-874-6253  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #