


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P97000049807 1. Entity Name ONE CALL, INC. |  |
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|---|---|
| Principal Place of Business 101 SE WALKEDGE DR FORT WALTON BEACH, FL 32548 US | Mailing Address 101 SE WALKEDGE DR FORT WALTON BEACH, FL 32548 US |
|---|---|



02202004 No Chg-P CR2E034 (10/03)

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|---|--|
| 4. FEI Number 59-3454378 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**PALANJIAN, TERRY A
101 SE WALKEDGE DR
FORT WALTON BEACH, FL 32548**

**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, 2004 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 | DP PALANJIAN, TERRY A 101 SE WALKEDGE DR FT. WALTON BEACH, FL 32548 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DST PALANJIAN, LISA S 101 SE WALKEDGE DR FT. WALTON BEACH, FL 32548 |
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05/03/04-80201-020 150.00

**DO NOT WRITE
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)(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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4.29.04 850.651.7223