


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2005 08:00 AM
Secretary of State

| | | | | | |
|---|-----------------------------------|-------------|---|--|--|
| DOCUMENT # P97000090242 1. Entity Name FL TEL COMMUNICATIONS INC. | | | |  | |
| Principal Place of Business 1216 LAKE CHARLES CR LUTZ FL 33549 | | | Mailing Address PO BOX 273153 TAMPA FL 33688 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-3474865 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div> | |
| 6. Name and Address of Current Registered Agent EHTARANIAN, FARROKH 1216 LAKE CHARLES CR LUTZ FL 33549 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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) | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | | | |
| TITLE | D <input type="checkbox"/> Delete | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| STREET ADDRESS | EHTARMIAN, FARROKH | CITY-ST-ZIP | 1000000331407 04/26/05-80017-002 150.00 | | |
| CITY-ST-ZIP | 1216 LAKE CHARLES CR | CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| CITY-ST-ZIP | LUTZ FL 33549 | CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | | | |
| 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: <u>FARROKH EHTARANIAN</u> 4-22-05 (813) 503-6295 | | | | | |

