
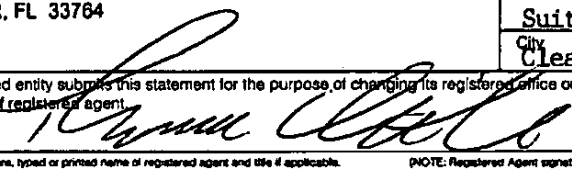
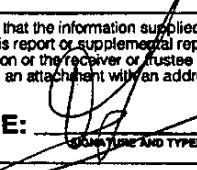


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

03-22-2005 90012 036 ***150.00

DOCUMENT # P97000097759 1. Entity Name PRIVATE VOICE INC.					
Principal Place of Business 16807 SUITE A U.S. HIGHWAY 19 NORTH CLEARWATER, FL 34624			Mailing Address 16807 SUITE A U.S. HIGHWAY 19 NORTH CLEARWATER, FL 34624		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DEWOLF, RAYMOND 16804 US HWY 19N SUITE B CLEARWATER, FL 33764			Name Thomas C. Little Street Address (P.O. Box Number is Not Acceptable) 2123 NE Coachman Road Suite A City Clearwater FL Zip Code 33765		
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 40%; text-align: right;"> DATE 3/11/05 </div> </div>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P DEWOLF, RAYMOND <input checked="" type="checkbox"/> Delete		TITLE	GIORGIONE, DAVID <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DEWOLF, RAYMOND		NAME	GIORGIONE, DAVID	
STREET ADDRESS	16809 US HWY 19N SUITE B		STREET ADDRESS	16809 US HWY 19N SUITE B	
CITY-ST-ZIP	CLEARWATER, FL 33764		CITY-ST-ZIP	CLEARWATER, FL 33764	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4/26/05 1075383830 <small>Daytime Phone #</small>		

66014146



03082005 Chg-P CR2E034 (10/03)

4. FEI Number
59-3530294

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**