

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

RECEIVED
Feb 24, 2005 08:00 AM
JAN 04 2005
Secretary of State

DOCUMENT # P98000105836
1. Entity Name
IMS TELECOM CONSULTING, INC.



Principal Place of Business
1022 SONATA LANE
APOLLO BEACH, FL 33572

Mailing Address
1022 SONATA LANE
APOLLO BEACH, FL 33572



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3550270

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SMITH, LOUISE C
1022 SONATA LANE
APOLLO BEACH, FL 33572

**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 remaining) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	D SMITH, WILLIAM H 1022 SONATA LANE APOLLO BEACH, FL 33572
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SMITH, LOUISE C 1022 SONATA LANE APOLLO BEACH, FL 33572
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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02/24/05-80086-025 150.00

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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)(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: Louise C. Smith VPRES. 02-19-05 813/641-8222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR LOUISE C. SMITH Daytime Phone #