

Pg 16F2

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)


FILED

06 NOV 16 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P990000054091

1. Entity Name
TITAN COMMUNICATIONS, INC.



Principal Place of Business
7006 ATLANTIC BLVD
JACKSONVILLE FL 32211

Mailing Address
7006 ATLANTIC BLVD
JACKSONVILLE FL 32211

2. Principal Place of Business
7006 ATLANTIC BLVD
Suite, Apt. #, etc.

3. Mailing Address
7006 ATLANTIC BLVD
Suite, Apt. #, etc.


City & State
JACKSONVILLE FL

City & State
JACKSONVILLE FL 32211-8706

Zip Country
322118706 Duval

Zip Country
322118706 Duval

REINSTATEMENT 05-06



1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent
**BRIAN WILCOX
7006 ATLANTIC BLVD.
JACKSONVILLE FL. 32211-8706**

4. FEI Number
59-3586457

Applied For
 Not Applicable

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)



9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DPT NAME STREET ADDRESS CITY-ST-ZIP	BRIAN WILCOX 5403 SOUTHBEND CIR JACKSONVILLE FL 32207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600080360836 10/02/06--01042--008 **150.00
TITLE DVPS NAME STREET ADDRESS CITY-ST-ZIP	ROBYNE WILCOX 5403 SOUTHBEND CIR JACKSONVILLE FL 32207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400081871444 11/16/06--01019--028 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Brian Wilcox 7/29/06 904-725-2906
DATE: _____ DAYTIME PHONE: _____

pg 2 of 2

September 29, 2006

Department of State
Division of Corporations
Annual Report Section
P.O. Box 6850
Tallahassee, FL. 32314

Please except my check for \$150.00 for my annual report renewal. I did not receive my renewal form in the mail. Please waiver the penalties. Enclosed is my check and a form which I requested from you.

Thank you for your consideration.

Sincerely,

Robyne Wilcox

Robyne Wilcox, VP