

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2006 8:00 am
Secretary of State

02-28-2006 90015 034 ***150.00

DOCUMENT # P99000058533

1. Entity Name
TELEPHONY RESOURCES, INC.



Principal Place of Business
**9 SUNSHINE BLVD.
ORMOND BEACH, FL 32174**

Mailing Address
**9 SUNSHINE BLVD.
ORMOND BEACH, FL 32174**

50000488



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02022006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

59-3626314

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CROTTY, MICHAEL D
501 N. GRANDVIEW AVE.
SUNTRUST BLDG., THIRD FLOOR
DAYTONA BEACH, FL 32118**

7. Name and Address of New Registered Agent

Name **James Skow**
Street Address (P.O. Box Number is Not Acceptable)
9 Sunshine Blvd
City **Ormond Beach** FL **32174**

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

James Skow

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/15/06
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	EDWARDS, MARK	
STREET ADDRESS	552 JOHN ANDERSON	
CITY-ST-ZIP	ORMOND BEACH, FL 32176	
TITLE	D	<input type="checkbox"/> Delete
NAME	TUTTLE, ROBERT J	
STREET ADDRESS	425 PINE BLUFF TRAIL	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Edwards, Mark	
STREET ADDRESS	9 Sunshine Blvd	
CITY-ST-ZIP	Ormond Beach, FL 32174	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tuttle, Robert J	
STREET ADDRESS	9 Sunshine Blvd	
CITY-ST-ZIP	Ormond Beach, FL 32174	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

James Skow

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-06 386-676-1157

Date

Daytime Phone #