

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JAN 26 AM 11:35



DOCUMENT # V04047 1. Entity Name TELCOVE OF FLORIDA, INC.	
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Principal Place of Business 712 NORTH MAIN ST COUDERSPORT, PA 16915	Mailing Address 712 NORTH MAIN ST COUDERSPORT, PA 16915 US
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2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip

01172005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0316615	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301	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 reinstating) DATE _____

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	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD GUTH, ROBERT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	121 CHAMPION WAY	NAME	
STREET ADDRESS	CANONSBURG, PA 15317	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VSD <input checked="" type="checkbox"/> Delete	TITLE	VTO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLICKSMAN, JOHN B	NAME	Edward E. Babcock
STREET ADDRESS	121 CHAMPION WAY	STREET ADDRESS	712 N Main Street
CITY-ST-ZIP	CANONSBURG, PA 15317	CITY-ST-ZIP	Coudersport, PA 16915
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BABCOCK, EDWARD	NAME	James E. Means
STREET ADDRESS	712 NORTH MAIN ST.	STREET ADDRESS	121 Champion Way
CITY-ST-ZIP	COUDERSPORT, PA 16915	CITY-ST-ZIP	Canonsburg, PA
TITLE	VDT <input checked="" type="checkbox"/> Delete	TITLE	500045442305 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIGAS, TIMOTHY	NAME	
STREET ADDRESS	MAIN AT WATER STREET	STREET ADDRESS	
CITY-ST-ZIP	COUDERSPORT, PA 16915	CITY-ST-ZIP	
TITLE	PDS <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLIARD, DANIEL	NAME	
STREET ADDRESS	MAIN AT WATER STREET	STREET ADDRESS	
CITY-ST-ZIP	COUDERSPORT, PA 16915	CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAJERSKI, PAUL	NAME	
STREET ADDRESS	2570 BOYCE PLAZA ROAD	STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH, PA	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)(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: James E. Means 724-743-9450
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 161979 5165606

AUTHORIZATION : *Patricia Piquet*

COST LIMIT : \$ 150.00

ORDER DATE : January 24, 2005

ORDER TIME : 10:08 AM

ORDER NO. : 161979-015

CUSTOMER NO: 5165606

CUSTOMER: Julie Mason
Telcove
121 Champion Way

Canonsburg, PA 15317

ANNUAL REPORT FILING

NAME: TELCOVE OF FLORIDA, INC.

RECEIVED
05 JAN 26 AM 10:34
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan - Ext. 2955

EXAMINER'S INITIALS: _____