


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR 25 PM 4:36

| | |
|---|---|
| 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 |
|---|--|

DO NOT WRITE IN THIS SPACE



01182006 No Chg-P CR2E034 (11/05)

| | |
|---|--|
| 4. FEI Number 65-0316615 | Applied For <input type="checkbox"/> 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

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 reinstating) DATE _____

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

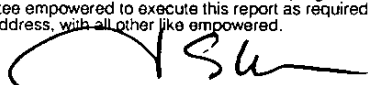
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD GUTH, ROBERT 121 CHAMPION WAY CANONSBURG, PA 15317 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VTD BABCOCK, EDWARD E 712 NORTH MAIN STREET COUDERSPORT, PA 16915 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S MEANS, JAMES E 121 CHAMPION WAY CANONSBURG, PA 15317 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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:  2/10/06

Date: 2/10/06 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/06



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 051530 5165606

AUTHORIZATION

[Handwritten signature]

COST LIMIT : \$ 150.00

ORDER DATE : April 24, 2006

ORDER TIME : 2:24 PM

ORDER NO. : 051530-010

CUSTOMER NO: 5165606

ANNUAL REPORT FILING

NAME: TELCOVE OF FLORIDA, INC.

RECEIVED
06 APR 25 PM 2:56
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: Matthew Young - Ext. 2962

EXAMINER'S INITIALS: _____