

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

102

FILED

05 FEB 11 AM 11:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>DOCUMENT # V07356</b> 1. Entity Name TELCOVE OF JACKSONVILLE, INC.	
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Principal Place of Business 712 NORTH MAIN ST COUDERSPORT, PA 16915 US	Mailing Address 712 NORTH MAIN ST COUDERSPORT, PA 16915 US
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>59-3116083</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	



02082005 Chg-P CR2E034 (10/03)

<b>6. Name and Address of Current Registered Agent</b>  CORPORATION SERVICE COMPANY (CSC) 1201 HAYS STREET TALLAHASSEE, FL 32301	<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b> Zip Code</span>
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GUTH, ROBERT			NAME	James E. Means		
STREET ADDRESS	121 CHAMPION WAY			STREET ADDRESS	121 Champion Way		
CITY-ST-ZIP	CANONSBURG, PA 15317			CITY-ST-ZIP	Canonsburg, PA 16915		
TITLE	VAS	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GLICKSMAN, JOHN B			NAME			
STREET ADDRESS	121 CHAMION WAY			STREET ADDRESS			
CITY-ST-ZIP	CANONSBURG, PA 15317			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BABCOCK, EDWARD E			NAME			
STREET ADDRESS	712 NORTH MAIN STREET			STREET ADDRESS			
CITY-ST-ZIP	COUDERSPORT, PA 16915			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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      Date: 2-8-05      Daytime Phone #: 724-743-9450

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



CORPORATION SERVICE COMPANY

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ACCOUNT NO. : 072100000032  
REFERENCE : 198036 5165606  
AUTHORIZATION : Patricia Pigute  
COST LIMIT : \$ 150.00

ORDER DATE : February 10, 2005  
ORDER TIME : 10:0 AM  
ORDER NO. : 198036-015  
CUSTOMER NO: 5165606  
CUSTOMER: Julie Mason  
Telcove  
121 Champion Way  
Canonsburg, PA 15317

RECEIVED  
05 FEB 11 AM 10:35  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: TELCOVE OF JACKSONVILLE, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

CONTACT PERSON: Susie Knight-EXT#2956

EXAMINER'S INITIALS: \_\_\_\_\_