


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR 25 PM 4: 36

DOCUMENT # V07356 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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DO NOT WRITE IN THIS SPACE



01182006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3116083	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

CORPORATION SERVICE COMPANY (CSC)
1201 HAYS STREET
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	S MEANS, JAMES E 121 CHAMPION WAY CANONSBURG, PA 16915
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BABCOCK, EDWARD E 712 NORTH MAIN STREET COUDERSPORT, PA 16915
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000071897070

DO NOT WRITE IN THIS SPACE

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:  _____

Date: 2/10/06 Daytime Phone # _____

4125
00



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032
REFERENCE : 051530 5165606
AUTHORIZATION : [Signature]
COST LIMIT : \$ 150.00

ORDER DATE : April 24, 2006
ORDER TIME : 2:25 PM
ORDER NO. : 051530-015
CUSTOMER NO: 5165606

ANNUAL REPORT FILING

NAME: TELCOVE OF JACKSONVILLE, INC.

RECEIVED
06 APR 25 PM 2:56
FLORIDA CORPORATION DIVISION
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: _____