


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90088 034 ***150.00

DOCUMENT # V51391		
1. Entity Name PENSACOLA TELEPHONE COMPANY, INC.		

Principal Place of Business PENSACOLA TELEPHONE CO. PENSACOLA, FL 32507	Mailing Address 303 CALHOUN AVE. PENSACOLA, FL 32507
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2. Principal Place of Business PENSACOLA Telephone Co. 2044 Peregrine, CT Suite, Apt. #, etc.	3. Mailing Address 2044 Peregrine, CT Suite, Apt. #, etc.
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03052005 Chg-P CR2E034 (10/03)

City & State PENSACOLA, FL.	City & State PENSACOLA, FL.
Zip 32506	Country U.S.A.

4. FEI Number 59-3134076	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 PRESLEY, HOWARD DONALD 303 CALHOUN AVE. PENSACOLA, FL 32507	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Is Not Acceptable) 2044 Peregrine Ct Pensacola FL City FL Zip Code 32506	
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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 Howard Donald Presley DATE 3-31-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	TD PRESLEY, HOWARD DONALD 303 CALHOUN AVE. PENSACOLA, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRESLEY, SYLVIA 303 CALHOUN AVENUE PENSACOLA, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Howard Donald Presley DATE 3-31-05 DAYTIME PHONE # 850-497-1484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR