

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2007 08:00 A
Secretary of State

DOCUMENT # V51391

1. Entity Name

PENSACOLA TELEPHONE COMPANY, INC.



Principal Place of Business

PENSACOLA TELEPHONE CO.
PENSACOLA FL 32506

Mailing Address

2044 PEREGRINE CT
PENSACOLA FL 32506



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 59-3134076

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PRESLEY, HOWARD DONALD
2044 PEREGRINE CT
PENSACOLA FL 32506

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: TD
NAME: PRESLEY, HOWARD DONALD
STREET ADDRESS: 303 CALHOUN AVE.
CITY-STATE-ZIP: PENSACOLA FL

☐ Delete

TITLE: PD
NAME: PRESLEY, SYLVIA
STREET ADDRESS: 303 CALHOUN AVENUE
CITY-STATE-ZIP: PENSACOLA FL

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TITLE:
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Sylvia A Presley* **Sylvia A Presley** 3-26-07 8504921484

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #