

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000005695

FILED
Mar 28, 2009
Secretary of State

Entity Name: COMSOUTH TELESERVICES, INC.

Current Principal Place of Business:

108 S. LUMPKIN ST
HAWKINSVILLE, GA 31036

New Principal Place of Business:

Current Mailing Address:

108 S. LUMPKIN ST
HAWKINSVILLE, GA 31036

New Mailing Address:

FEI Number: 58-1512830 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEOD () Delete
Name: JENNINGS, W. MANSFIELD JR
Address: MANSFIELD DR
City-St-Zip: HAWKINSVILLE, GA 31036

Title: SD () Delete
Name: JENNINGS, GENELLE
Address: MANSFIELD DR
City-St-Zip: HAWKINSVILLE, GA 31036

Title: CFO () Delete
Name: OBERT-THORN, SCOTT C
Address: 230 HILLCREST AVE
City-St-Zip: HAWKINSVILLE, GA 31036

Title: PD () Delete
Name: JENNINGS, W.M. III
Address: BUCKCREEK RD
City-St-Zip: HAWKINSVILLE, GA 31036

Title: T () Delete
Name: TRICE, LAVADA G
Address: WIMBISH DR
City-St-Zip: PERRY, GA 31069

Title: COO () Delete
Name: KRUEGER, ROBERT W
Address: 630 SANDY SPRINGS
City-St-Zip: HAWKINSVILLE, GA 31036

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT OBERT-THORN

CFO

03/28/2009

Electronic Signature of Signing Officer or Director

_____ Date