

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000005842

1. Entity Name
INNERWIRELESS, INC.



Principal Place of Business _____ Mailing Address _____
1155 KAS DRIVE #200 1155 KAS DRIVE #200
RICHARDSON, TX 75081 RICHARDSON, TX 75081



01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 75-2778286 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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 _____

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	CANTWELL, FRANKLIN
STREET ADDRESS	1155 KAS DRIVE #200
CITY-ST-ZIP	RICHARDSON, TX 75081
TITLE	VP
NAME	BRAUN, DARLA
STREET ADDRESS	1155 KAS DRIVE #200
CITY-ST-ZIP	RICHARDSON, TX 75081
TITLE	S
NAME	MCCOY, JAMES
STREET ADDRESS	1155 KAS DRIVE #200
CITY-ST-ZIP	RICHARDSON, TX 75081
TITLE	T
NAME	KINNEAR, TIMOTHY
STREET ADDRESS	1155 KAS DRIVE #200
CITY-ST-ZIP	RICHARDSON, TX 75081
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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01/10/05-80080-001 150.00

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: Ed Cantwell ED CANTWELL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/05 9724799898

Date

Daytime Phone #