

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90265 038 ***150.00

DOCUMENT # F98000002377

1. Entity Name

CELLULAR SERVICES INC.



Principal Place of Business

5523 N. DAVIS HWY.
PENSACOLA FL 32503

Mailing Address

5523 N. DAVIS HWY.
PENSACOLA FL 32503

2. Principal Place of Business

5555 N. DAVIS Hwy Unit G
Suite, Apt. #, etc.
Unit G

City & State

Pensacola, FL 32503

Zip

32503

Country

USA

3. Mailing Address

5555 N. DAVIS Hwy
Suite, Apt. #, etc.
Unit G

City & State

Pensacola, FL

Zip

32503

Country

USA



MOORE

CR2E034 (11/03)

4. FEI Number

54-1692256

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DUPUIS, CHRIS
3014 PINE VALLEY ROAD
PACE FL 32561

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, 2004 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 P ☐ Delete
NAME DUPUIS, CHRISTOPHER J
STREET ADDRESS 19 SUGAR BOWL LN
CITY-ST-ZIP GULF BREEZE FL 32561

TITLE V ☐ Delete
NAME DUPUIS, ANGELA
STREET ADDRESS 19 SUGAR BOWL LN
CITY-ST-ZIP GULF BREEZE FL 32561

TITLE C ☐ Delete
NAME DUPUIS, MICHAEL
STREET ADDRESS 7802FOUNDERS MILL WAY
CITY-ST-ZIP GLOUCESTER VA 23061

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Angela Dupuis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-7-04