

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000002377

FILED  
Apr 01, 2007  
Secretary of State

Entity Name: CELLULAR SERVICES INC.

## Current Principal Place of Business:

3329 GULF BREEZE PARKWAY  
GULF BREEZE, FL 32563

## New Principal Place of Business:

## Current Mailing Address:

3329 GULF BREEZE PARKWAY  
GULF BREEZE, FL 32563

## New Mailing Address:

FEI Number: 54-1692256      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DUPUIS, CHRIS  
19 SUGAR BOWL LANE  
PENSACOLA BEACH, FL 32561      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: P ( ) Delete  
Name: DUPUIS, CHRISTOPHER J  
Address: 19 SUGAR BOWL LN  
City-St-Zip: GULF BREEZE, FL 32561

Title: V ( ) Delete  
Name: DUPUIS, ANGELA  
Address: 19 SUGAR BOWL LN  
City-St-Zip: GULF BREEZE, FL 32561

Title: C ( ) Delete  
Name: DUPUIS, MICHAEL  
Address: 7802FOUNDERS MILL WAY  
City-St-Zip: GLOUCESTER, VA 23061

## 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:

I hereby certify that the information supplied with this filing does not qualify for the 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: ANGELA DUPUIS

V

04/01/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date