

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90090 039 ***150.00

DOCUMENT # J41095

1. Entity Name
WIREPRO, INC.



Principal Place of Business
**275 21ST AVE NE
ST PETERSBURG, FL 33704**

Mailing Address
**275 21ST AVE NE
ST PETERSBURG, FL 33704**

50033412



02232005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2736738

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DE STOPPELAIRE, JUSTIN
275 21ST AVE NE
ST PETERSBURG, FL 33704**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity, by signing this report, certifies that it is not 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, type or print

able

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FE: 50.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
**VST
WARNER, JON
275 21ST AVE NE
ST PETERSBURG, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
DESTOPPELAIRE, JUSTIN
275 21ST AVE NE
ST PETERSBURG, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-05

Date

(727) 825-0552

Daytime Phone #