

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000002235

1. Entity Name
SYNEWAVE COMMUNICATIONS, INC.



Principal Place of Business
**415 SW 6TH STREET
LAKE BUTLER, FL 32054**

Mailing Address
**415 SW 6TH STREET
LAKE BUTLER, FL 32054**



02222005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3706806

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LEWIS, PAUL L SR
RT. 1 BOX 467-G
LAKE BUTLER, FL 32054**

**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

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LEWIS, PAUL L SR
STREET ADDRESS	RT. 1 BOX 467-L
CITY - ST - ZIP	LAKE BUTLER, FL 32054
TITLE	D
NAME	WISE, RONALD H
STREET ADDRESS	520 SW 4TH AVE.
CITY - ST - ZIP	LAKE BUTLER, FL 32054
TITLE	DI
NAME	FOISTER, BILLY RAY
STREET ADDRESS	360 N.W. 3RD ST
CITY - ST - ZIP	LAKE BUTLER, FL 32054
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U000000255493
03/08/05-80015-019 61.25

**DO NOT WRITE
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 617, 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: PAUL L. LEWIS SR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

23 Feb 05

Date

386-496-9827

Daytime Phone #