

# **2009 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000017172

Entity Name: CELLCOMM PLUS, INC.

**FILED**  
**Apr 30, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

4630 S KIRKMAN ROAD  
#790  
ORLANDO, FL 32811

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 181636  
CASSELBERRY, FL 327181636

**New Mailing Address:**

FEI Number: 59-3680516

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PANTAZIS, JOANNA  
4630 S KIRKMAN ROAD  
#790  
ORLANDO, FL 32811 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: D ( ) Delete  
Name: PANTAZIS, JOANNA  
Address: 4630 S KIRKMAN ROAD #790  
City-St-Zip: ORLANDO, FL 32811

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JOANNA PANTAZIS

D

04/30/2009

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

\_\_\_\_\_  
Date