

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 30, 2004 8:00 am
Secretary of State

08-30-2004 90013 035 ***150.00

DOCUMENT # P00000047686

1. Entity Name

CELLCOR.NET, INC.



Principal Place of Business

119 W WINDHORST RD
BRANDON FL 33510

Mailing Address

119 W WINDHORST RD
BRANDON FL 33510

6406410



MOORE

CR2E034 (4/04)

2. Principal Place of Business

SALE

Suite, Apt. #, etc.

3. Mailing Address

SALE

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3637557

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LONGWELL, JAMES F
119 W WINDHORST RD
BRANDON FL 33510

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 \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607, 193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME P
STREET ADDRESS LONGWELL, JAMES F
CITY-ST-ZIP 119 W WINDHORST RD
BRANDON FL 33510

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

TITLE ☐ Delete
NAME ST
STREET ADDRESS LONGWELL, PHYLLIS M
CITY-ST-ZIP 119 W WINDHORST RD
BRANDON FL 33510

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: *James F. Longwell* **JAMES F. LONGWELL** 8/20/04 813/655-7764
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

813 655 - 7764

119 w. Windhorst rd Brandon fl 33510

fax 813 653 - 4875

DEAR SIR,

ATTACHMENT

00000047686

2468410

20 Aug 2004

PER YOUR ADVICE TO SEND YOUR DEPARTMENT THIS
LETTER. BE ADVISED THAT MY REPORT AND \$50-FEE
WAS IN FACT SENT 12 APRIL 04. I WAS UNAWARE
THAT YOU HAD NOT RECEIVED MY REPORT UNTIL
17 AUG 04. I WOULD GUESS THAT MY REPORT AND
CHECK IS FLOPPING AROUND THE POSTAL SYSTEM.

I WOULD ASK TO HAVE THE LATE FEE
WAIVED. THANK YOU VERY MUCH FOR YOUR
HELP AND CONSIDERATION IN THIS MATTER

Sincerely
James F. Longwell
JAMES F. LONGWELL