

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P0000060396

1. Entity Name

JUMPSTART WIRELESS CORPORATION



Principal Place of Business

900 NW 17TH AVENUE STE 202
DELRAY BEACH FL 33445

Mailing Address

900 NW 17TH AVENUE STE 202
DELRAY BEACH FL 33445

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 65-1024632

Applied For

Not Applicable

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

BONAR, JEFFREY
702 LAKE SHORE DRIVE
DELRAY BEACH FL 33444

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 \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSD
NAME BONAR, JEFFREY ☐ Delete
STREET ADDRESS 900 NW 17TH AVENUE #202
CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE D
NAME OLMSTEAD, JOHN ☐ Delete
STREET ADDRESS 75 SPRING STREET 4TH FLOOR
CITY-ST-ZIP NEW YORK NY 10012

TITLE D
NAME BOHLKE, EDWARD ☐ Delete
STREET ADDRESS 109 PECKAM LANE
CITY-ST-ZIP DORSET VT 05251

TITLE D
NAME ENGLER, EDWARD ☐ Delete
STREET ADDRESS 600 GRANT ST, 53RD FLOOR
CITY-ST-ZIP PITTSBURGH PA 15219

TITLE D
NAME GREENBERG, ROBERT B ☐ Delete
STREET ADDRESS 7038 NW 63RD WAY
CITY-ST-ZIP PARKLAND FL 33067

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
000000705215
04/23/07-80044-007 150.00

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

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

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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 exemptions contained in Section 119, 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:

Jeffrey G. Bonar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 13, 2007 08:00 AM
Secretary of State



BONAR 10 April 2007
561-243-4700 ext 101