

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000068079

FILED  
Jan 28, 2004  
Secretary of State

Entity Name: B & B WIRELESS OUTLET, INC.

## Current Principal Place of Business:

6795 S. US 1, WEG PLAZA  
PORT ST LUCIE, FL 34952

## New Principal Place of Business:

6795 S. US 1, WEG PLAZA  
PORT ST LUCIE, FL 34952 US

## Current Mailing Address:

6795 S. US 1, WEG PLAZA  
PORT ST LUCIE, FL 34952

## New Mailing Address:

6795 S. US 1, WEG PLAZA  
PORT ST LUCIE, FL 34952 US

FEI Number: 65-1029893

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ANDERSON, WILLIAM  
235 BERMUDA BCH DR  
FORT PIERCE, FL 34949 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: P ( ) Delete  
Name: ANDERSON, WILLIAM  
Address: 978 SE BAYFRONT AVENUE  
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: VP ( ) Delete  
Name: ANDERSON, BARBARA  
Address: 978 SE BAYFRONT AVENUE  
City-St-Zip: PORT SAINT LUCIE, FL 34983

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: ANDERSON, WILLIAM T  
Address: 978 SE BAYFRONT AVENUE  
City-St-Zip: PORT SAINT LUCIE, FL 34983

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WILLIAM T. ANDERSON

P

01/28/2004

Electronic Signature of Signing Officer or Director

Date