


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000073987	
1. Entity Name GLOBAL WIRELESS, INC.	

Principal Place of Business 11 MIRACLE STRIP PKWY SW FORT WALTON BEACH, FL 32548	Mailing Address 11 MIRACLE STRIP PKWY SW FORT WALTON BEACH, FL 32548
--	--



01232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3662754	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**DOUNTZ, BENJAMIN T.
11 MIRACLE STRIP PKWY SW
FORT WALTON BEACH, FL 32548**

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:  DATE: **1/23/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relocating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000031572 02/04/04-80153-020 150.00
---	--	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DOUNTZ, BENJAMIN T 2023 FOUNTAINVIEW DR NAVARRE, FL 32566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DOUNTZ, BRANDI 2023 FOUNTAINVIEW DR NAVARRE, FL 32566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WORLEY, DANIELLE P 7642 SANDSTONE ST NAVARRE, FL 32566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WORLEY, JONATHAN D 7642 SANDSTONE ST NAVARRE, FL 32566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 reports 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:  DATE: **1/23/04** DAYTIME PHONE #: **850 302 0050**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR