


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 05, 2007 08:00 AM
Secretary of State**

DOCUMENT # P00000095592 1. Entity Name CITY WIDE COMMUNICATIONS INC.	
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Principal Place of Business 6653 POWERS AVE STE #6 JACKSONVILLE, FL 32217	Mailing Address 6653 POWERS AVE STE #6 JACKSONVILLE, FL 32217
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01182007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3676372	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HALL, DAVID W 9784 HILLTOP BLVD. JACKSONVILLE, FL 32246

**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 David W. Hall DAVID W. HALL V Pres. 1-26-07
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when recertifying) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000622548 02/13/07 00000-000 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP HENDRICKS, GALE 1804 HUNTINGTON AVE JACKSONVILLE, FL 32223
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV HALL, DAVID W 9784 HILLTOP BLVD JACKSONVILLE, FL 32246
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 exemptions contained 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 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: David W. Hall DAVID W. HALL, V Pres. 1-26-07 904 739-8200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #