


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000000950	
1. Entity Name LAC WIRELESS INCORPORATED	

Principal Place of Business 13117 SOUTH U.S. HWY. 441 MICANOPY, FL 32667	Mailing Address P.O. BOX 90206 GAINESVILLE, FL 32607
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DO NOT WRITE IN THIS SPACE



03012005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3737374	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CHRISTIAN, ANDREW H JR.
13117 SOUTH U.S. HWY. 441
MICANOPY, FL 32667**

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE P	NAME CHRISTIAN, ANDREW H JR.
STREET ADDRESS 13117 SOUTH U.S. HWY. 441	
CITY - ST - ZIP MICANOPY, FL 32667	
TITLE ST	NAME CARLILE, LINDA L
STREET ADDRESS 13117 SOUTH U.S. HWY. 441	
CITY - ST - ZIP MICANOPY, FL 32667	
TITLE	NAME
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	NAME
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	NAME
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE**

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03/04/05-80002-008 158.75

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: Andrew H. Christian, Jr. **3/2/05** **352-870-9633**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Andrew H. Christian, Jr.