

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Feb 17, 2005 08:00 AM
Secretary of State**

DOCUMENT # P01000049216 1. Entity Name WAVE ELECTRONICS OF DELTONA, INC	
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Principal Place of Business 1235-C PROVIDENCE BLVD DELTONA, FL 32725	Mailing Address 1235-C PROVIDENCE BLVD DELTONA, FL 32725
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01172005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3724204	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

PROPHIT, RICHARD
129 WOODCOCK CT
DAYTONA BEACH, FL 32119

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VIA, WILLIAM S 101 N WARWICK TRACE GOOSE CREEK, SC 29445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PROPHIT, RICHARD S 129 WOODCOCK ST DAYTONA BEACH, FL 32119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VIA, SUE 101 N WARWICK TRACE GOOSE CREEK, SC 29445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PROPHIT, MARY T 129 WOODCOCK CT DAYTONA BEACH, FL 32119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/17/05-80005-006 150.00

**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 19.07(3)(b), 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: Richard S. Proffit 1/31/05 386-574-6498

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #