


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2005 8:00 am**  
**Secretary of State**

02-09-2005 90026 009 \*\*\*150.00

<b>DOCUMENT # P01000099147</b>			
1. Entity Name <b>WIRELESS ACCESSORIES, INC.</b>			
Principal Place of Business <b>1445 WEST NEW HAVEN AVE SUITE 200 WEST MELBOURNE FL 32904</b>		Mailing Address <b>221 E EAU GALLIE BLVD. SUITE 200 WEST MELBOURNE FL 32904 INDIAN HARBOR BCH, FL 32937</b>	
2. Principal Place of Business <b>221 E EAU GALLIE BLVD</b>		3. Mailing Address Suite, Apt. #, etc.	
City & State <b>INDIAN HARBOR BCH, FL</b>		City & State	
Zip <b>32937</b>	Country <b>BREVARD</b>	Zip	Country
6. Name and Address of Current Registered Agent <b>KELLEY, CHRIS 1445 W NEW HAVEN AVE WEST MELBOURNE FL 32904 221 E EAU GALLIE BLVD INDIAN HARBOR BCH, FL 32937</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P KELLEY, CHRIS 1445 W NEW HAVEN AVE WEST MELBOURNE FL 32904 221 E EAU GALLIE BLVD INDIAN HARBOR BCH, FL 32937</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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1st MOORE CR2E034 (10/04)

4. FEI Number **59-3750343** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-3-05 321-723-4334**

Date

Daytime Phone #

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.