

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000028941**

**1. Entity Name**  
**BELLEVIEW WIRELESS, INC.**



**Principal Place of Business**  
**1919 DOLPHIN DRIVE**  
**BELLEAIR BLUFFS, FL 33770 US**

**Mailing Address**  
**1919 DOLPHIN DRIVE**  
**BELLEAIR BLUFFS, FL 33770 US**



02102008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
01-0629523  
**Applied For**  
Not Applicable  
**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**WASHBURN, J. JEFFERY**  
**1919 DOLPHIN DRIVE**  
**BELLEAIR BLUFFS, FL 33770**

**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** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-stating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

U000000915539  
05/09/08-80020-004 150.00

**10. OFFICERS AND DIRECTORS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY- ST- ZIP**  
PTD  
WASHBURN, J. JEFFREY  
1919 DOLPHIN DR  
BELLEAIR BLUFFS, FL 33770

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY- ST- ZIP**

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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:** J. Jeffery Washburn J. JEFFERY WASHBURN 4/21/08 727-585-4479  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #