


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90036 028 ***150.00

DOCUMENT # P02000102809	
1. Entity Name ENVISION WIRELESS, INC.	

Principal Place of Business 255 EAST DRIVE SUITE E MELBOURNE FL 32904 US	Mailing Address 255 EAST DRIVE SUITE E MELBOURNE FL 32904 US
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2. Principal Place of Business 255 EAST DR.	3. Mailing Address 255 EAST DRIVE
Suite, Apt. #, etc. SUITE D	Suite, Apt. #, etc. SUITE D

City & State MELBOURNE, FL	City & State MELBOURNE, FL
Zip 32904	Zip 32904
Country USA	Country USA



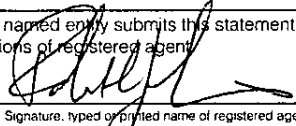
MOORE CR2E034 (11/03)

4. FEI Number 75-3082456	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent JOSLIN, ROBERT T 255 EAST DRIVE SUITE E MELBOURNE FL 32904	
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7. Name and Address of New Registered Agent	
Name ROBERT T. JOSLIN	
Street Address (P.O. Box Number is Not Acceptable) 255 EAST DR.	
SUITE D	
City MELBOURNE	FL Zip Code 32904

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 1/27/04
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, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JOSLIN, ROBERT T		NAME ROBERT T. JOSLIN	
STREET ADDRESS 255 EAST DRIVE, SUITE E		STREET ADDRESS 255 EAST DR. SUITE D	
CITY-ST-ZIP MELBOURNE FL 32904		CITY-ST-ZIP MELBOURNE, FL 32904	
TITLE VP	<input type="checkbox"/> Delete	TITLE V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CLAY, SCOTT D		NAME SCOTT D. CLAY	
STREET ADDRESS 255 EAST DRIVE, SUITE E		STREET ADDRESS 255 EAST DR. SUITE D	
CITY-ST-ZIP MELBOURNE FL 32904		CITY-ST-ZIP MELBOURNE, FL 32904	
TITLE VP	<input type="checkbox"/> Delete	TITLE V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME AKIN, GREG K		NAME GREG-K. AKIN	
STREET ADDRESS 255 EAST DRIVE, SUITE E		STREET ADDRESS 255 EAST DR. SUITE D	
CITY-ST-ZIP MELBOURNE FL 32904		CITY-ST-ZIP MELBOURNE, FL 32904	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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.	
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SIGNATURE: 	ROBERT T. JOSLIN	1-27-04	321 674 9010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #