

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000123877

FILED
Mar 17, 2004
Secretary of State

Entity Name: CELLULAR SALES OF SWFL, INC.

Current Principal Place of Business:

3300 BONITA BEACH RD, UNIT 113
BONITA SPRINGS, FL 34134

New Principal Place of Business:

24611 PRODUCTION CIRCLE, SUITE 2
BONITA SPRINGS, FL 34135

Current Mailing Address:

3300 BONITA BEACH RD, UNIT 113
BONITA SPRINGS, FL 34134

New Mailing Address:

24611 PRODUCTION CIRCLE, SUITE 2
BONITA SPRINGS, FL 34135

FEI Number: 30-0140248

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MONGE, MICHAEL C
3300 BONITA BEACH RD, UNIT 113
BONITA SPRINGS, FL 34134

Name and Address of New Registered Agent:

MONGE, MICHAEL C
24611 PRODUCTION CIRCLE, SUITE 2
BONITA SPRINGS, FL 34135

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.

SIGNATURE: MICHAEL MONGE

03/17/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D (X) Delete
Name: SHELFORD, CHARLES J
Address: 3300 BONITA BEACH RD, UNIT 113
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D () Delete
Name: MONGE, MICHAEL C
Address: 3300 BONITA BEACH RD, UNIT 113
City-St-Zip: BONITA SPRINGS, FL 34134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL MONGE

D

03/17/2004

Electronic Signature of Signing Officer or Director

Date