

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000123877

**FILED**  
**Apr 01, 2006**  
**Secretary of State**

**Entity Name:** CELLULAR SALES OF SWFL, INC.

**Current Principal Place of Business:**

24611 PRODUCTION CIRCLE, SUITE 2  
BONITA SPRINGS, FL 34135

**New Principal Place of Business:**

24611 PRODUCTION CIRCLE  
SUITE 2  
BONITA SPRINGS, FL 341357047 US

**Current Mailing Address:**

24611 PRODUCTION CIRCLE, SUITE 2  
BONITA SPRINGS, FL 34135

**New Mailing Address:**

P. O. BOX 1726  
SANIBEL, FL 339571726 US

**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  
24611 PRODUCTION CIRCLE, SUITE 2  
BONITA SPRINGS, FL 34135 US

**Name and Address of New Registered Agent:**

MONGE, MICHAEL C  
24611 PRODUCTION CIRCLE  
SUITE 2  
BONITA SPRINGS, FL 341357047 US

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

04/01/2006

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** D ( ) Delete  
**Name:** MONGE, MICHAEL C  
**Address:** 24611 PRODUCTION CR. SUITE 2  
**City-St-Zip:** BONITA SPRINGS, FL 34135

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** D (X) Change ( ) Addition  
**Name:** MONGE, MICHAEL C  
**Address:** 24611 PRODUCTION CR. SUITE 2  
**City-St-Zip:** BONITA SPRINGS, FL 341357047 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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

04/01/2006

Electronic Signature of Signing Officer or Director

Date