

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90094 022 ***158.75

DOCUMENT # P03000028352

1. Entity Name

STRATEGIC WIRELESS NETWORKS, INC.



Principal Place of Business

Mailing Address

~~6401 SO. WESTSHORE BLVD SUITE 222~~
~~TAMPA FL 33616~~

~~6401 SO. WESTSHORE BLVD SUITE 222~~
~~TAMPA FL 33616~~

16552 Northdale Oaks Dr
Tampa, FL 33624



2. Principal Place of Business

3. Mailing Address

16552 Northdale Oaks Dr

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 100

same

City & State

City & State

Tampa

FL. same

Zip

Country

Zip

Country

33624

USA

same

same

1st MOORE

CR2E034 (10/04)

4. FEI Number

32-0058933

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GILMAN, RICHARD A
6401 SO. WESTSHORE BLVD SUITE 222
TAMPA FL 33616

See corrections

Name

Gilman, Richard A.

Street Address (P.O. Box Number is Not Acceptable)

16552 Northdale Oaks Dr.

City

Tampa

FL

Zip Code

33624

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

Richard A. Gilman President

3-7-05

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution. ☐

\$5.00 May Be

Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	GILMAN, RICHARD A	
STREET ADDRESS	6401 SO. WESTSHORE BLVD SUITE 222	→
CITY-ST-ZIP	TAMPA FL 33616	
TITLE	VS	<input type="checkbox"/> Delete
NAME	GILMAN, MICHAEL A	
STREET ADDRESS	1946 TAMPA BAY DR	→
CITY-ST-ZIP	WESLEY CHAPEL FL 33549	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gilman, Richard A.	
STREET ADDRESS	16552 Northdale Oaks Dr.	
CITY-ST-ZIP	Tampa, FL 33624	
TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gilman Michael A.	
STREET ADDRESS	16492 Northdale Oaks Dr.	
CITY-ST-ZIP	Tampa, FL 33624	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE:

Richard A. Gilman Pres

3-7-05 813-505-7673

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #