


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91045 027 \*\*\*150.00

<b>DOCUMENT # P03000080373</b>					
<b>1. Entity Name</b> UMBRELLA WIRELESS INTERNET, INC.					
<b>Principal Place of Business</b> 4985 SPIRIT LAKE ROAD WINTER HAVEN, FL 33880			<b>Mailing Address</b> 4985 SPIRIT LAKE ROAD WINTER HAVEN, FL 33880		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 20-0106152	
<b>5. Certificate of Status Desired</b>				<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  VARNER, HERBERT C 4985 SPIRIT LAKE ROAD WINTER HAVEN, FL 33880			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VARNER, HERBERT C 4985 SPIRIT LAKE ROAD WINTER HAVEN, FL 33880		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, SEC [ ] Change [ ] Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, PRES BRIAN R. VARNER 4985 SPIRIT LAKE ROAD WINTER HAVEN, FL 33880	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, V-PRES JOSEPH A. VARNER 4985 SPIRIT LAKE ROAD WINTER HAVEN, FL 33880	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, TREAS TIFFANY L. VARNER 4985 SPIRIT LAKE ROAD WINTER HAVEN, FL 33880	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Change [ ] Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Change [ ] Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <i>Tiffany L. Varner</i> <i>Tiffany L. Varner</i> <i>Treas.</i> <i>4/27/04</i> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # <div style="text-align: right;">863-294-1116 X101</div>					