

2004 FOR PROFIT CORPORATION ANNUAL REPORT

5/

FILED
Jun 07, 2004 8:00 am
Secretary of State

05-04-2004 90169 027 ***150.00

DOCUMENT # P03000093187

1. Entity Name
THE CELL PHONE PLUG INC.



Principal Place of Business
**1678 SE PORT ST LUCIE BLVD
PORT ST LUCIE, FL 34952**

Mailing Address
**1678 SE PORT ST LUCIE BLVD
PORT ST LUCIE, FL 34952**

66426976



2. Principal Place of Business

3. Mailing Address

Subs. Apt. #, etc.

Subs. Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04142004

Chg-P

CR2E034 (10/03)

4. FEI Number

13-4263177

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SMITH, SHANNON L
2849 SW MONTERREY LANE
PORT ST LUCIE, FL 34953**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**P
SMITH, GLEN A
2849 SW MONTERREY LANE
PORT ST LUCIE, FL 34953** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**V
PICKHARDT, JOHN R
2848 SW HAREM CIR
PORT ST LUCIE, FL 34953** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
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STREET ADDRESS
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

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CITY- ST- ZIP
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 file 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 files empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

429-04 772-370-2626