2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000096614

Title:

Name:

Address:

City-St-Zip:

FILED Apr 28, 2004 Secretary of State

Entity Name: WIREL	ESS CONCEPTS OF S.W. FLO	RIDA, INC.			
Current Principal Place of Business:		New Princ	New Principal Place of Business:		
2640 PEBBLE CREEK PLACE PORT CHARLOTTE, FL 33948		SUITE 101	18731 THREE OAKS PARKWAY SUITE 101 FORT MYERS, FL 33912		
Current Mailing Addi	ress:	New Maili	New Mailing Address:		
2640 PEBBLE CREEK PLACE PORT CHARLOTTE, FL 33948		SUITE 101	18731 THREE OAKS PARKWAY SUITE 101 FORT MYERS, FL 33912		
FEI Number: 83-0368461	FEI Number Applied For ()	FEI Number Not App	icable () Certificate	of Status Desired ()	
Name and Address of Current Registered Agent:		Name and	Name and Address of New Registered Agent:		
BIRNBAUM, ROBERT 2640 PEBBLE CREEK PORT CHARLOTTE, F	PLACE				
The above named entiring the State of Florida.	y submits this statement for the p	ourpose of changing i	ts registered office or reg	gistered agent, or both,	
SIGNATURE:					
Electr	onic Signature of Registered Ag	ent	D	ate	
Election Campaign Finance	ing Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:		ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	PRES () Change (X BIRNBAUM, ROBERT J 2640 PEBBLE CREEK PLA PORT CHARLOTTE, FL 33	CE	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	VP () Change (X POOLE, LAWRENCE W 2069 W. FIRST ST. FORT MYERS, FL 33901 L		
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	TRES () Change (X BIRNBAUM, ROBERT J 2640 PEBBLE CREEK PLA PORT CHARLOTTE, FL 33	CE	

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.

Title:

Name:

Address:

City-St-Zip:

SEC

POOLE, LAWRENCE W

FORT MYERS, FL 33901 US

2069 W. FIRST ST.

() Change (X) Addition

SIGNATURE: LAWRENCE W. POOLE SEC 04/28/2004

() Delete