2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004
Secretary of State

DOCUMENT# P03000124528

Entity Name: W-J MOBILE SERVICE, INC.

Current Principal Place of Business:

PO BOX 13412
FT PIERCE, FL 34979

New Principal Place of Business:

PO BOX 13412
FORT PIERCE, FL 34979

Current Mailing Address:

PO BOX 13412
FT PIERCE, FL 34979

New Mailing Address:

FEI Number: 74-3108228 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GEDDES, WAYNE A
5714 PALMETTO DR
FT PIERCE, FL 34982 US

Name and Address of New Registered Agent:

JOHNNY, MALDONADO D
701 SW RAVENSWOOD LANE
PORT ST LUCIE, FL 34983 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: JOHNNY D MALDONADO 01/15/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: GEDDES, WAYNE
Address: 5714 PALMETTO DR
City-St-Zip: FT PIERCE, FL 34982

Title: V ( ) Delete
Name: MALDONADO, JOHNNY D
Address: 701 SW RAVENSWOOD LN
City-St-Zip: PT ST LUCIE, FL 34983

Title: S ( ) Delete
Name: GEDDES, PATRICIA J
Address: 5714 PALMETTO DR
City-St-Zip: FT PIERCE, FL 34982

Title: T ( ) Delete
Name: MALDONADO, KAREN M
Address: 701 SW RAVENSWOOD LN
City-St-Zip: PT ST LUCIE, FL 34983

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change ( ) Addition
Name: GEDDES, WAYNE
Address: 5714 PALMETTO DR
City-St-Zip: FT PIERCE, FL 34982

Title: P (X) Change ( ) Addition
Name: MALDONADO, JOHNNY D
Address: 701 SW RAVENSWOOD LN
City-St-Zip: PT ST LUCIE, FL 34983

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: KAREN MALDONADO T 01/15/2004
Electronic Signature of Signing Officer or Director Date