

2004 FOR PROFIT CORPORATION ANNUAL REPORT

7/16/

FILED
Jul 16, 2004 8:00 am
Secretary of State

07-06-2004 90118 019 ***150.00

DOCUMENT # P03000151741			
1. Entity Name WISP INTERNATIONAL, INC			
Principal Place of Business 3965 INVESTMENT LANE WEST PALM BEACH, FL 33404		Mailing Address 3965 INVESTMENT LANE WEST PALM BEACH, FL 33404	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. A-8		Suite, Apt. #, etc. A-8	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent KELLY, JOSEPH 3965 INVESTMENT LANE WEST PALM BEACH, FL 33404		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 use if applicable. (NOTE: Registered Agent signature required when reappointing)			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES KOSTER, BARRY 3965 INVESTMENT LANE WEST PALM BEACH, FL 33404 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECR GRAVANTE, JOHN 3965 INVESTMENT LANE WEST PALM BEACH, FL 33404 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA KELLY, JOSEPH 3965 INVESTMENT LANE WEST PALM BEACH, FL 33404 ☐ 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
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
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: <i>Barry Koster</i>		Date: 7/1/04 561-881-8139	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

66430081



07012004 Chg-P CR2E034 (10/03)

4. FEI Number **20-0479577** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required