

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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FILED
Jun 03, 2005 8:00 am
Secretary of State

05-06-2005 90102 018 ***150.00
06-03-2005 90002 031 *****8.75

DOCUMENT # P04000016460 1. Entity Name HI-WIRE COMMUNICATIONS PRODUCTS, INC.					
Principal Place of Business 9622 DOCTOR BAKER RD GROVELAND FL 34736			Mailing Address 9622 DOCTOR BAKER RD GROVELAND FL 34736		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 81-0641830	
5. Name and Address of Current Registered Agent GAW, EDWARD 1531 N FLETCHER AVE FERNANDINA BCH FL 32034				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				Applied For <input checked="" type="checkbox"/> Not Applicable	
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable</small>				6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required DATE 4-20-05	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT GAW, JOHN 9622 DOCTOR BAKER RD GROVELAND FL 34736			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GAW, EDWARD 1531 N FLETCHER AVE FERNANDINA BCH FL 32034			<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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				DATE 4-20-05	



1st MOORE CR2E034 (10/04)

FL

Zip Code

DATE

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