

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 13, 2008 8:00 am
Secretary of State

05-13-2008 90019 027 ***150.00

DOCUMENT # P06000094745

1. Entity Name

FLORIDA WIRELESS GROUP, INC.



Principal Place of Business

6729 COLONNADE AVE, SUITE 111
MELBOURNE FL 32940

Mailing Address

6729 COLONNADE AVE, SUITE 111
MELBOURNE FL 32940

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **20-5220631**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent

COURSON, KEVIN T
175 CARRIGAN BOULEVARD
MERRITT ISLAND FL 32952

7. Name and Address of New Registered Agent

Name **Kevin T Courson**
Street Address (P.O. Box Number is Not Acceptable)

3514 Fodder Drive

City **Rockledge**

FL

Zip Code **32955**

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 *Kevin T Courson* **Kevin T. Courson President** **4/24/08**
Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when reinstating). DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be Added to Fees**
Trust Fund Contribution. ☐

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	COURSON, KEVIN T	
STREET ADDRESS	175 CARRIGAN BOULEVARD	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	VP	<input type="checkbox"/> Delete
NAME	COURSON, CHRISTINA	
STREET ADDRESS	175 CARRIGAN BOULEVARD	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	S	<input type="checkbox"/> Delete
NAME	COURSON, CHRISTINA	
STREET ADDRESS	175 CARRIGAN BOULEVARD	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	T	<input type="checkbox"/> Delete
NAME	COURSON, KEVIN T	
STREET ADDRESS	175 CARRIGAN BOULEVARD	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Kevin T Courson* **Kevin T. Courson President** **4/24/08** **321-243-8412**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #