

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90002 026 \*\*\*150.00

<b>DOCUMENT # P39926</b> 1. Entity Name <b>NEW WAVE CELLULAR, INC.</b>					
Principal Place of Business <b>5607 BENEVA WOODS CIRCLE SARASOTA, FL 34233</b>			Mailing Address <b>5607 BENEVA WOODS CIRCLE SARASOTA, FL 34233</b>		
2. Principal Place of Business <b>17321 Oak Ledge Dr</b> Suite, Apt. #, etc.		3. Mailing Address <b>17321 Oak Ledge Dr</b> Suite, Apt. #, etc.			
City & State <b>Lutz, FL</b>		City & State <b>Lutz, FL</b>		4. FEI Number <b>65-0347421</b>	
Zip <b>33549</b>		Country <b>Hillsborough</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>THOMPSON, LARRY E. 5607 BENEVA WOODS CIRCLE SARASOTA, FL 34233</b>				7. Name and Address of New Registered Agent Name <b>Thompson, Larry E.</b> Street Address (P.O. Box Number is Not Acceptable) <b>17321 Oak Ledge Dr</b> City <b>Lutz</b> <b>FL</b> Zip Code <b>33549</b>	
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 <u><i>Larry E. Thompson</i></u> <b>LARRY E. THOMPSON</b> <b>4/2/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP VERNON, SANDRA L. 5607 BENEVA WOODS CIRCLE SARASOTA, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP Vernon, Sandra L. 17321 Oak Ledge Dr Lutz, FL 33549	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC THOMPSON, LARRY E. 5607 BENEVA WOODS CIRCLE SARASOTA, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC Thompson, Larry E. 17321 Oak Ledge Dr Lutz, FL 33549	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Larry E. Thompson</i></u> <b>LARRY E. THOMPSON</b> <b>4/2/04</b> <b>813 9492347</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					