


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90068 020 ***150.00

DOCUMENT # P97000012273	
1. Entity Name CELLULAR SALES AND PAGING, INC.	

Principal Place of Business 10300 SOUTH-SIDE BLVD #4130 JACKSONVILLE, FL 32256	Mailing Address 1720 COUNTRY WALK DRIVE ORANGE PARK, FL 32003
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24002431

DO NOT WRITE IN THIS SPACE



01042004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3424075	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent COBBS, KIMBERLY A 1720 COUNTRY WALK DRIVE ORANGE PARK, FL 32073 32003 <i>(P.L.)</i>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST COBBS, KIMBERLY A 1720 COUNTRY WALK DR. ORANGE PARK, FL 32003
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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>Kimberly Cobbs Copeland</u> <small>(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)</small>	<u>1/8/04</u> <small>% Date</small>	<u>904-616-0101</u> <small>% Daytime Phone</small>
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