


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90299 033 ***150.00

DOCUMENT # P97000070587	
1. Entity Name DIRECT WIRELESS, INC.	

Principal Place of Business 280 S SR 434 STE 1046 ALTAMONTE SPRINGS FL 32714	Mailing Address 280 S SR 434 STE 1046 ALTAMONTE SPRINGS FL 32714
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2. Principal Place of Business 130 Keyes Court	3. Mailing Address 130 Keyes Court
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State SANFORD FL	City & State SANFORD FL
Zip 32773	Country USA
Zip 32773	Country USA

6. Name and Address of Current Registered Agent TATICH, PHILIP 341 NORTH MAITLAND AVE., STE. 340 MAITLAND FL 32751	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
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, 2004 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	NAME MARLER, ROB	TITLE	NAME
STREET ADDRESS 3279 REGAL CREST DRIVE	CITY-ST-ZIP LONGWOOD FL 32779	STREET ADDRESS	CITY-ST-ZIP
TITLE VP	NAME BANGLE, BRIAN	TITLE	NAME
STREET ADDRESS 90 LOUDOUN CT	CITY-ST-ZIP MAITLAD FL 32751	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	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:  **Robert Marler President 3/18/04 4072639054**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #