

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90040 021 ***150.00

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1. Entity Name

WAVE COMMUNICATION, INC.



Principal Place of Business

8151 SE SKYLARK AVE.
HOBE SOUND FL 33475

Mailing Address

P.O. BOX 586
HOBE SOUND FL 33455

2. Principal Place of Business

1472 SW Hunnicutt Ave
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 880278
Suite, Apt. #, etc.

City & State

Port St Lucie FL

City & State

Port St Lucie, FL

Zip

34953

Country

St Lucie

Zip

34988-0278

Country

St Lucie

4. FEI Number

65-0784701

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required



MOORE

CR2E034 (11/03)

6. Name and Address of Current Registered Agent

WARNEKA, ROBERT
8151 SE SKYLARK AVENUE
HOBE SOUND FL 33455

7. Name and Address of New Registered Agent

Name

Warneka Robert

Street Address (P.O. Box Number is Not Acceptable)

1472 SW Hunnicutt Ave

City

Port St Lucie

FL

Zip Code

34953

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

Robert A Warneka

Robert A Warneka Pres 2-4-04

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.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete
NAME WARNEKA, ROBERT
STREET ADDRESS 8403 SE WOODMERE ST.
CITY-ST-ZIP HOBE SOUND FL 33455

TITLE DS ☒ Delete
NAME WARNEKA, SUSAN
STREET ADDRESS P.O. BOX 586
CITY-ST-ZIP HOBE SOUND FL 33475

TITLE DT ☐ Delete
NAME MOODY, ARTHUR
STREET ADDRESS 4486 GARDENIA DRIVE
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP/DG ☒ Change ☐ Addition
NAME Warneka Robert
STREET ADDRESS 1472 SW Hunnicutt Ave
CITY-ST-ZIP Port St Lucie, FL 34953

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

Robert A Warneka Pres

2-4-04 772-873-6299

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #