

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 25, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000080308

1. Entity Name
C/D MOBILE TECH'S, INC.



Principal Place of Business
512 ELAND
N. FT. MYERS, FL 33917

Mailing Address
1635 SUNSET PL
N. FT. MYERS, FL 33901



02042004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0782172

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WISE, CHARLES D
1635 SUNSET PLACE
FT. MYERS, FL 33901

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IN THIS SPACE

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 Charles Wise
Signature, typed or printed name of registered agent and title if applicable

Charles Wise
(NOTE: Registered Agent signature required when reinstating)

2-14-04
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000064787
02/25/04-80010-002 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WISE, CHARLES D 1635 SUNSET PLACE FT. MYERS, FL 33901
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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)(f), 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: Charles Wise Charles Wise 2-14-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #