


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000105535		
1. Entity Name WIRELESS SERVICES, INC.		
Principal Place of Business 12401 62ND STREET NORTH SUITE 202 LARGO, FL 33773 US	Mailing Address 12401 62ND STREET NORTH SUITE 202 LARGO, FL 33773 US	



04112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3482680	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

GARRISON, DONALD C SR
12401 62ND STREET NORTH
SUITE 202
LARGO, FL 33773

**DO NOT WRITE
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 _____

Signature typed or printed name of registered agent and the fee applicable.

(NOTE: Registered Agent signature required when not filing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	PVST GARRISON, DONALD C SR 6306 PELICAN CREEK CROSSING ST PETERSBURG, FL 33707
TITLE NAME STREET ADDRESS CITY ST ZIP	D GARRISON, DONALD C SR 6306 PELICAN CREEK CROSSING ST PETERSBURG, FL 33707
TITLE NAME STREET ADDRESS CITY ST ZIP	VP SWICK, CHARLES K 12407 62ND ST N SUITE 202 LARGO, FL 33773
TITLE NAME STREET ADDRESS CITY ST ZIP	VP GARRISON, DONALD C JR 12401 62ND STREET SUITE 202 LARGO, FL 33773
TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	

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04/27/05-80123-021 158.75

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date to Print #