


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000052185</b>					
<small>1. Entity Name</small> <b>SPACECOAST CABLE &amp; HARNESS, INC.</b>					
<small>Principal Place of Business</small> <b>2189 NORTH US 1 TITUSVILLE, FL 32796</b>			<small>Mailing Address</small> <b>2189 NORTH US 1 TITUSVILLE, FL 32796</b>		
<small>2. Principal Place of Business</small>		<small>3. Mailing Address</small>			
<small>Suite, Apt. #, etc.</small>		<small>Suite, Apt. #, etc.</small>			
<small>City &amp; State</small>		<small>City &amp; State</small>		<b>02092008 Chg-P CR2E034 (11/05)</b>	
<small>Zip</small>		<small>Country</small>		<small>4. FEI Number</small> <b>59-3581157</b>	
<small>Zip</small>		<small>Country</small>		<small>5. Certificate of Status Desired</small> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<small>6. Name and Address of Current Registered Agent</small>			<small>7. Name and Address of New Registered Agent</small>		
<b>MILLER, PERRY W 2189 NORTH US 1 TITUSVILLE, FL 32796</b>			<small>Name</small>		
			<small>Street Address (P.O. Box Number is Not Acceptable)</small>		
			<small>City</small>		
			<b>FL</b> <small>Zip Code</small>		
<small>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.</small>					
<small>SIGNATURE</small> _____ <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when retaking)</small> <span style="float: right;"><small>DATE</small></span>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			<small>9. Election Campaign Financing Trust Fund Contribution.</small> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<b>D</b> <b>MILLER, PERRY W</b> <b>2189 NORTH US 1</b> <b>TITUSVILLE, FL 32796</b>	<input type="checkbox"/> <small>Delete</small>	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> <small>Change</small> <input type="checkbox"/> <small>Addition</small>	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<b>D</b> <b>EDENS, J W</b> <b>3535 PALMER DR.</b> <b>TITUSVILLE, FL 32780</b>	<input type="checkbox"/> <small>Delete</small>	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> <small>Change</small> <input type="checkbox"/> <small>Addition</small>	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<b>D</b> <b>HULSBURG, BRIAN D</b> <b>1974 DIPOL COURTEWAY</b> <b>TITUSVILLE, FL 32780</b>	<input type="checkbox"/> <small>Delete</small>	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> <small>Change</small> <input type="checkbox"/> <small>Addition</small>	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> <small>Delete</small>	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> <small>Change</small> <input type="checkbox"/> <small>Addition</small>	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> <small>Delete</small>	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> <small>Change</small> <input type="checkbox"/> <small>Addition</small>	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> <small>Delete</small>	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> <small>Change</small> <input type="checkbox"/> <small>Addition</small>	
<small>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</small>					
<b>SIGNATURE</b> _____			<b>J. Wayne Edens</b> <span style="float: right;"><b>4/14/06</b> <b>321-389-9558</b></span>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>DATE</small> <span style="float: right;"><small>DAYTIME PHONE</small></span>		