

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000062405

FILED
Sep 06, 2005
Secretary of State

Entity Name: TRIPLE R CABLE CONSTRUCTION, INC.

Current Principal Place of Business:

7090 NEW JESUP HWY
BRUNSWICK, GA 31523

New Principal Place of Business:

4686 WHISKEY RD
AIKEN, SC 29803

Current Mailing Address:

12417 JEREMYS LANDING DR E
JACKSONVILLE, FL 32258

New Mailing Address:

4686 WHISKEY RD
AIKEN, SC 29803

FEI Number: 59-3657076

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RICE, EDWARD L
12417 JEREMYS LANDING DR EAST
JACKSONVILLE, FL 32258 US

Name and Address of New Registered Agent:

RICE, JOSHUA L
8700 SOUTHSIDE BLVD
816
JACKSONVILLE, FL 32256 US

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.

SIGNATURE: JOSH RICE

09/06/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RICE, JOSEPH L
Address: 12417 JEREMYS LANDING DR. EAST
City-St-Zip: JACKSONVILLE, FL 32258

Title: VD () Delete
Name: RICE, JOSHUA E
Address: 8700 SOUTHSIDE BLVD.,APT.1208
City-St-Zip: JACKSONVILLE, FL 32256

Title: STD () Delete
Name: RICE, MARK A
Address: 8859 OLD KINGS RD., SOUTH APT 607
City-St-Zip: JACKSONVILLE, FL 32257

Title: D () Delete
Name: RICE, EDWARD L
Address: 12417 JEREMYS LANDING DR. EAST
City-St-Zip: JACKSONVILLE, FL 32258

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: RICE, JOSEPH L
Address: 8700 SOUTHSIDE BLVD APT 816
City-St-Zip: JACKSONVILLE, FL 32256

Title: VD (X) Change () Addition
Name: RICE, JOSHUA E
Address: 8700 SOUTHSIDE BLVD.,APT.816
City-St-Zip: JACKSONVILLE, FL 32256

Title: STD (X) Change () Addition
Name: RICE, MARK A
Address: 4686 WHISKEY RD
City-St-Zip: AIKEN, SC 29803

Title: D (X) Change () Addition
Name: RICE, EDWARD L
Address: 1115 WILLIAMS DR
City-St-Zip: AIKEN, SC 29803

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK A RICE

STD

09/06/2005

Electronic Signature of Signing Officer or Director

Date