

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000062405

FILED  
Aug 13, 2006  
Secretary of State

Entity Name: TRIPLE R CABLE CONSTRUCTION, INC.

**Current Principal Place of Business:**

4686 WHISKEY RD  
AIKEN, SC 29803

**New Principal Place of Business:**

**Current Mailing Address:**

4686 WHISKEY RD  
AIKEN, SC 29803

**New Mailing Address:**

FEI Number: 59-3657076

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( )

**OFFICERS AND DIRECTORS:**

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

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: JOSEPH L RICE

PRES

08/13/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date