


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90020 017 ***158.75

DOCUMENT # 630109	
1. Entity Name CENTRAL FLORIDA ANTENNA SERVICE, INC.	

Principal Place of Business 2014 S PINE AVE OCALA, FL 34474 US	Mailing Address 2014 S PINE AVE OCALA, FL 34474 US
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2. Principal Place of Business 2014 S PINE AVE Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

03202006 Chg-P CR2E034 (11/05)

4. FEI Number 59-1918299	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HOWELLS, WILLIAM C 2012 S. PINE AVE OCALA, FL 34474	
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7. Name and Address of New Registered Agent	
Name TERRI L. BALDWIN	
Street Address (P.O. Box Number is Not Acceptable) 8315 SE 25 Ave	
City Ocala	FL Zip Code 34480

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 *T L Baldwin* (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE P	<input checked="" type="checkbox"/> Delete
NAME HOWELLS, WILLIAM C	
STREET ADDRESS 2014 S. PINE AVE	
CITY-ST-ZIP OCALA, FL 34474	
TITLE ST	<input checked="" type="checkbox"/> Delete
NAME BALDWIN, TERRI L	
STREET ADDRESS 2014 S. PINE AVE	
CITY-ST-ZIP OCALA, FL 34474	
TITLE VP	<input type="checkbox"/> Delete
NAME BALDWIN, WILLIAM C JR	
STREET ADDRESS 2014 S. PINE AVE	
CITY-ST-ZIP OCALA, FL 34474	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Baldwin, Terri L.	
STREET ADDRESS 2014 S. Pine Ave	
CITY-ST-ZIP Ocala, FL 34474	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Howells William C Jr	
STREET ADDRESS 2014 S. Pine Ave	
CITY-ST-ZIP Ocala, FL 34474	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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.

SIGNATURE: *T L Baldwin* **ST/Pres.** *TERRI L. Baldwin*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date *02-28-06* Daytime Phone # *352-622-3191*