


FILED
Apr 21, 2008 8:00 am
Secretary of State

04-01-2008 90009 010 ***150.00

**2008 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # 823163
 1. Entity Name
COMMUNICATION EQUIPMENT & ENGINEERING CO.



Principal Place of Business Mailing Address
519 W. SOUTH PARK STREET **519 W. SOUTH PARK STREET**
OKEECHOBEE, FL 34972 **OKEECHOBEE, FL 34972**

DO NOT WRITE IN THIS SPACE

66007369



01272008 No Chg-P CR2E034 (11/05)

4. FEI Number 36-0939150	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
MCCREARY, PENNY
519 W. SOUTH PARK STREET
OKEECHOBEE, FL 34972

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: *LES MCCREARY* 031808
Signature, typed or printed name of registered agent, and date, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	PD MCCREARY, LES E 519 W. SOUTH PARK STREET OKEECHOBEE, FL 34972
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MCCREARY, PENNY 519 W. SOUTH PARK STREET OKEECHOBEE, FL 34972
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD RUPP, WILLIAM 1322 SE 17TH STREET FT LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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: *LES MCCREARY* 041608 863-357-0798
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

57-0798
 X223