

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2005 8:00 am**  
**Secretary of State**

02-25-2005 90144 032 \*\*\*150.00

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02162005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # 855554</b> 1. Entity Name <b>JL CABLE, INC.</b>					
Principal Place of Business <b>3755 BARROW ISLAND RD JUPITER, FL 33477</b>			Mailing Address <b>400 TONEY PENNA DR JUPITER, FL 33458 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>3755 Barrow Island Rd.</b>			
City & State		City & State <b>Jupiter, FL</b>		4. FEI Number <b>59-1861705</b>	
Zip <b>33477</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ROSS, DEBORAH L ESQ. 759 S. FEDERAL HIGHWAY, SUITE 212 STUART, FL 34994</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <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>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>FORBUSH, ROBERT</b> <b>16322 PORT DICKINSON DRIVE</b> <b>JUPITER, FL 33477</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>COOK, GORDON</b> <b>3894 N. LONGVIEW DRIVE</b> <b>JUPITER, FL 33477</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>EVANS, MAX</b> <b>3360 BRIDGEGATE DRIVE</b> <b>JUPITER, FL 33477</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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.					
<b>SIGNATURE:</b>			2/22/05 561-743-2032		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		