


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90109 048 \*\*\*150.00

<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>3755 BARROW ISLAND RD JUPITER, FL 33477 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>59-1861705</b>	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
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: <i>DA</i> (NOTE: Registered Agent signature required when reinstating)      DATE:					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<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>T</b> <b>LAINO, MICHAEL V</b> <b>3408 BARROW ISLAND ROAD</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>D</b> <b>FORBUSH, ROBERT</b> <b>3751 SKIAR WATER DR.</b> <b>JUPITER, FL 33477</b>	<input type="checkbox"/> Delete	<b>DIRECTOR</b> <b>ROBERT FORBUSH</b> <b>3751 SHEARWATER DR.</b> <b>JUPITER, FL 33477</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>Address</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>MATTISON, WILLIAM JR</b> <b>3330 BRIDGE GATE DR.</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>SCHWARTZ, JAMES W</b> <b>16050 WEST BAY DR., #254</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	
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 another like empowered.					
SIGNATURE: <i>William Mattison Jr</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <b>3/18/08</b> Daytime Phone #: <b>561-743-2032</b>		