

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 16, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # F00000006418**

1. Entity Name  
**CABLE MAN, INC.**



Principal Place of Business  
**13032 OLD HIGHWAY 67  
BILOXI, MS 39532**

Mailing Address  
**PO BOX 393  
BILOXI, MS 39533**

**DO NOT WRITE IN THIS SPACE**



01032007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**64-0576514**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PC
NAME	GARY, DAVID A
STREET ADDRESS	13032 OLD HIGHWAY 67
CITY-ST-ZIP	BILOXI, MS 39532
TITLE	V
NAME	GARY, WALTER J
STREET ADDRESS	8195 WOOLMARKET ROAD
CITY-ST-ZIP	BILOXI, MS 39532
TITLE	DST
NAME	FETTERS, CAROL A
STREET ADDRESS	13218 THREE RIVERS ROAD
CITY-ST-ZIP	GULFPORT, MS 39503
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000586677  
01/17/07-80002-017 158.75

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/07

Date

228-396-5858

Daytime Phone #