

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 15, 2004 8:00 am
Secretary of State

06-15-2004 90002 038 ***150.00

DOCUMENT # F94000003651

1. Entity Name
L.B. AND L. CABLE, INC.



Principal Place of Business
**1501 S.E. 4TH ST., #E
MOORE, OK 73160-8231**

Mailing Address
**1501 S.E. 4TH ST., #E
MOORE, OK 73160-8231**

04001300

2. Principal Place of Business
Business now closed

3. Mailing Address
2804 SW 121st St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Oklahoma City OK

Zip

Country

Zip

Country

73170

03182003

Chg-P

CR2E034 (10/03)

4. FEI Number

73-1135653

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ELLIS, JIM
910 HOLLYWOOD BLVD.
HOLLYWOOD, FL 33019**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **DAVIS, LARRY**
STREET ADDRESS **1501 S.E. 4TH ST., #E**
CITY-ST-ZIP **MOORE, OK 731608231**

TITLE **P** ☒ Change ☐ Addition
NAME **Davis, Larry**
STREET ADDRESS **2804 SW 121st St**
CITY-ST-ZIP **Oklahoma City, OK 73170**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/10/04

405-799-9974

Date

Daytime Phone #