2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004
Secretary of State

DOCUMENT# F98000000569

Entity Name: CABLE ENGINEERING, INC.

Current Principal Place of Business:

3027 HUNSINGER LANE
LOUISVILLE, KY 40220

New Principal Place of Business:

Current Mailing Address:

PO BOX 20816
LOUISVILLE, KY 402500816

New Mailing Address:

FEI Number: 61-0967458 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOFF, KAY S
16122 121ST TERRACE N
JUPITER, FL 33478 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LACY, PHILLIP M
Address: 4230 RIVER RD
City-St-Zip: LOUISVILLE, KY 40207

Title: S ( ) Delete
Name: LACY, CYNTHIA S
Address: 4230 RIVER RD
City-St-Zip: LOUISVILLE, KY 40207

Title: VPF (X) Delete
Name: WADDLE, RICHARD L
Address: 4300 DORBROOK RD
City-St-Zip: LOUISVILLE, KY 40207

Title: VPC ( ) Delete
Name: CARVALIS, JOHN
Address: 2185 6TH AVE N
City-St-Zip: SAINT PETERSBURG, FL 33713

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHILLIP M LACY P 04/16/2004

Electronic Signature of Signing Officer or Director Date