

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G47051

Entity Name: FLORIDA CABLE, INC.

FILED
Apr 14, 2009
Secretary of State

Current Principal Place of Business:

23505 STATE ROAD 40
ASTOR, FL 32102 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 536518
ORLANDO, FL 32853 US

New Mailing Address:

P.O. BOX 368
OAKLAND, FL 34760 US

FEI Number: 59-2323728

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ENGLISH, DANA D
23505 STATE ROAD 40
ASTOR, FL 32102 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: S () Delete
Name: MANNS, PAT
Address: 5541 FORCE FOUR PARKWAY
City-St-Zip: ORLANDO, FL 32809 US

Title: P () Delete
Name: ENGLISH, GARY M
Address: 23505 STATE ROAD 40
City-St-Zip: ASTOR, FL 32102

Title: M () Delete
Name: ENGLISH, LARRY
Address: 23505 STATE ROAD 40
City-St-Zip: ASTOR, FL 32102

Title: VT (X) Delete
Name: ENGLISH, DANA D
Address: 23505 STATE ROAD 40
City-St-Zip: ASTOR, FL 32102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VT (X) Change () Addition
Name: ENGLISH, DANA D
Address: 23505 STATE ROAD 40
City-St-Zip: ASTOR, FL 32102 US

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 exemption stated 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 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: DANA D. ENGLISH

V

04/14/2009

Electronic Signature of Signing Officer or Director

Date