

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # G65156**

1. Entity Name  
**J & R CABLE CONSTRUCTION, INC.**



Principal Place of Business  
**134 SALISBURY ST  
PT CHARLOTTE, FL 33954**

Mailing Address  
**134 SALISBURY ST  
PT CHARLOTTE, FL 33954**



01082007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2328604**

Applied For  
Not Applicable

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

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

**HALL, THOMAS P  
3443D TAMiami TRAIL  
PT CHARLOTTE, FL 33980**

**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	P
NAME	BIRCHFIELD, JAMES D
STREET ADDRESS	134 SALISBURY ST
CITY - ST - ZIP	PT CHARLOTTE, FL 33954
TITLE	V.
NAME	BIRCHFIELD, ROGER D
STREET ADDRESS	27350 SAN CARLOS DR
CITY - ST - ZIP	PUNTA GORDA, FL 33983
TITLE	S
NAME	BIRCHFIELD, AMY
STREET ADDRESS	27350 SAN CARLOS DR
CITY - ST - ZIP	PUNTA GORDA, FL 33983
TITLE	T
NAME	BIRCHFIELD, LINDA T
STREET ADDRESS	134 SALISBURY STREET
CITY - ST - ZIP	PORT CHARLOTTE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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03/27/07-80065-015 150.00

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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:**

*Amy Birchfield* Amy Birchfield 3/13/07 941-629-8875  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #