

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 11, 2008 8:00 am
Secretary of State

03-11-2008 90021 029 ***150.00

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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2328604

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name Amy Birchfield

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

27350 San Carlos Drive

City Punta Gorda

FL

Zip Code 33983

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

Amy Birchfield

Amy Birchfield

2/28/08

Signature, typed or printed name of registered agent and the filer.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME BIRCHFIELD, JAMES D
STREET ADDRESS 134 SALISBURY ST
CITY-ST-ZIP PT CHARLOTTE FL 33954

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

TITLE V ☐ Delete
NAME BIRCHFIELD, ROGER D
STREET ADDRESS 27350 SAN CARLOS DR
CITY-ST-ZIP PUNTA GORDA FL 33983

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

TITLE S ☐ Delete
NAME BIRCHFIELD, AMY
STREET ADDRESS 27350 SAN CARLOS DR
CITY-ST-ZIP PUNTA GORDA FL 33983

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

TITLE T ☐ Delete
NAME BIRCHFIELD, LINDA T
STREET ADDRESS 134 SALISBURY STREET
CITY-ST-ZIP PORT CHARLOTTE FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 exemptions contained in Section 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Amy Birchfield
DATE

Daytime Phone #