

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H37230

FILED  
Feb 03, 2004  
Secretary of State

Entity Name: CARRIER CABLE COMPANY, INC.

## Current Principal Place of Business:

19630 HIAWATHA RD  
ODESSA, FL 335563926 US

## New Principal Place of Business:

19630 HIAWATHA RD  
ODESSA, FL 33556

## Current Mailing Address:

P.O. BOX 992  
ODESSA, FL 335560992 US

## New Mailing Address:

PO BOX 992  
ODESSA, FL 33556 09

FEI Number: 59-2485993

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RAFALOSKI, ELIZABETH J  
14344 WADSWORTH DR  
ODESSA FL, FL 33556 US

## Name and Address of New Registered Agent:

RAFALOSKI, ELIZABETH J  
PO BOX 992  
ODESSA, FL 33556 09

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: ELIZABETH J RAFALOSKI

02/03/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: TSD ( ) Delete  
Name: RAFALOSKI, ELIZABETH J  
Address: 14344 WADSWORTH DR  
City-St-Zip: ODESSA, FL 33556 US

Title: PVD ( ) Delete  
Name: RAFALOSKI, DENNIS  
Address: 19630 HIAWATHA RD.  
City-St-Zip: ODESSA, FL 33556 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TSD (X) Change ( ) Addition  
Name: RAFALOSKI, ELIZABETH J  
Address: PO BOX 992  
City-St-Zip: ODESSA, FL 33556 09

Title: PVD (X) Change ( ) Addition  
Name: RAFALOSKI, DENNIS  
Address: PO BOX 992  
City-St-Zip: ODESSA, FL 33556 09

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: ELIZABETH J RAFALOSKI

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02/03/2004

Electronic Signature of Signing Officer or Director

Date