


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90012 033 ***150.00

DOCUMENT # J19252

1. Entity Name
FORD WIRE AND CABLE CORPORATION



Principal Place of Business Mailing Address
P.O. BOX 1299 P.O. BOX 1299
7756 130TH ST 7756 130TH ST
ROSELAND FL 32957 ROSELAND FL 32957

2. Principal Place of Business 3. Mailing Address

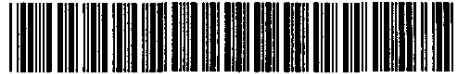
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
59-2682983 Not Applicable

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



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

FORD, WILLIAM S.
8515 WACO WAY
VERO BEACH FL 32962

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 *William S. Ford* **WILLIAM S. FORD** **FEB. 18, 2004**
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, 2004 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

TITLE	DP	<input type="checkbox"/> Delete
NAME	FORD, WILLIAM S.	
STREET ADDRESS	P.O. BOX 690145	
CITY-ST-ZIP	VERO BEACH FL 32969	
TITLE	DST	<input type="checkbox"/> Delete
NAME	FORD, CHARLOTTE T.	
STREET ADDRESS	P.O. BOX 690145	
CITY-ST-ZIP	VERO BEACH FL 32969	
TITLE	DV	<input type="checkbox"/> Delete
NAME	FORD, STEPHEN J.	
STREET ADDRESS	PO BOX 1296	
CITY-ST-ZIP	ROSELAND FL 32957	
TITLE	DV	<input type="checkbox"/> Delete
NAME	FORD, DALE W.	
STREET ADDRESS	249 DELMAR ST P.O. Box 54	
CITY-ST-ZIP	SEBASTIAN FL ROSELAND, FL 32957	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Charlotte T. Ford* **CHARLOTTE T. FORD** **FEB. 18, 2004** **772-388-3660**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #