

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J97211

FILED
Apr 30, 2008
Secretary of State

Entity Name: CABLE ELECTRICAL SERVICES, INC.

Current Principal Place of Business:

% HARRIE CROWLEY
127 SEMORAN COMMERCE PLACE
APOPKA, FL 32703

New Principal Place of Business:

Current Mailing Address:

% HARRIE CROWLEY
127 SEMORAN COMMERCE PLACE
APOPKA, FL 32703

New Mailing Address:

FEI Number: 59-2857483

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CROWLEY, DUANE M ST
127 SEMORAN COMMERCE PLACE
APOPKA, FL 327031670 US

Name and Address of New Registered Agent:

CROWLEY, DUANE M VST
127 SEMORAN COMMERCE PLACE
APOPKA, FL 327031670 US

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: DUANE CROWLEY

04/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CROWLEY, HARRIE,
Address: 127 SEMORAN COMMERCE PL
City-St-Zip: APOPKA, FL 32703

Title: V () Delete
Name: CROWLEY, DON
Address: 127 SEMORAN COMMERCE PL
City-St-Zip: APOPKA, FL 32703

Title: ST () Delete
Name: CROWLEY, DUANE
Address: 127 SEMORAN COMMERCE PL
City-St-Zip: APOPKA, FL 32703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VST (X) Change () Addition
Name: CROWLEY, DUANE
Address: 127 SEMORAN COMMERCE PL
City-St-Zip: APOPKA, FL 32703

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: DUANE CROWLEY

VST

04/30/2008

Electronic Signature of Signing Officer or Director

Date