

# **2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# J98748

Entity Name: CABLE CRAFT, INC.

**FILED**  
**Jul 13, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

3015 SW PINE ISLAND ROAD  
SUITE 114  
CAPE CORAL, FL 33991 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 100487  
CAPE CORAL, FL 33910 US

**New Mailing Address:**

FEI Number: 65-0011414

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LUALLEN, DANIEL L JR  
PO BOX 100487  
CAPE CORAL, FL 33910 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: LUALLEN, DANIEL L JR  
Address: PO BOX 100487  
City-St-Zip: CAPE CORAL, FL 33910

Title: ST (X) Delete  
Name: LUALLEN, LYNN K  
Address: PO BOX 100487  
City-St-Zip: CAPE CORAL, FL 33910

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DPST (X) Change ( ) Addition  
Name: LUALLEN, DANIEL L JR  
Address: PO BOX 100487  
City-St-Zip: CAPE CORAL, FL 33910

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

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: DANIEL LUALLEN

PRES

07/13/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date