

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M75181

Entity Name: P.D.Q. CABLE T.V. INC.

FILED  
Apr 28, 2009  
Secretary of State

**Current Principal Place of Business:**

17755 WEST HIGHWAY 40  
DUNNELLON, FL 34432

**New Principal Place of Business:**

**Current Mailing Address:**

17755 WEST HIGHWAY 40  
DUNNELLON, FL 34432

**New Mailing Address:**

FEI Number: 59-2878311

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CARROLL, TERESA P.  
17755 WEST HWY 40  
DUNNELLON, FL 34432 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: CARROLL, KENNETH RAY  
Address: 2361 NW BEUNA VISTA RD  
City-St-Zip: DUNNELLON, FL 34431

Title: VS ( ) Delete  
Name: CARROLL, TERESA P.  
Address: 2361 NW BEUNA VISTA RD  
City-St-Zip: DUNNELLON, FL 34431

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

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

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: TERESA CARROLL

VP

04/28/2009

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

\_\_\_\_\_  
Date