

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # M81372

1. Entity Name

STRUCTURED COMMUNICATIONS CABLING, INC.



FILED

05 AUG 22 PM 2:50

SECRET
FALL 2005



Principal Place of Business

1748 INDEPENDENCE BLVD.
B 5
SARASOTA, FL 34234 US

Mailing Address

1748 INDEPENDENCE BLVD.
B 5
SARASOTA, FL 34234 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08182005

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0082040

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SUPLEE, RAYMOND T MR.
800 S. OSPREY AVE.
BLDG. A
SARASOTA, FL 34236

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

Signature field is also where filer should sign and file. (Leave blank)

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Signature

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PCEO
NAME FINCHER, WILLIAM C MR ☐ Delete
STREET ADDRESS 1748 INDEPENDENCE BLVD. B5
CITY ST ZIP SARASOTA, FL 34234

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

TITLE CFO
NAME FINCHER, LINDA M MRS. ☒ Delete
STREET ADDRESS 1748 INDEPENDENCE
CITY ST ZIP SARASOTA, FL 34234

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

TITLE VP
NAME REED, JIMMY C MR. ☒ Delete
STREET ADDRESS 1748 INDEPENDENCE BLVD.
CITY ST ZIP SARASOTA, FL 34234

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

TITLE VP
NAME MILLER, DAVID R MR. ☒ Delete
STREET ADDRESS 1748 INDEPENDENCE BLVD.
CITY ST ZIP SARASOTA, FL 34234

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Change ☐ 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:

Wm C. Fincher Pres - CEO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature