2007 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P00000006417

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FILED May 01, 2007 8:00 am Secretary of State

Enlity Name WOODRING CABLE SERVICES, INC.				05-01-2007 90034 042 ***150.00			
Principal Place of Business 4945 WESTCHESTER COURT #4404 NAPLES, FL 34105		Mailing Address 1008 GOODLETTE RD 201 NAPLES, FL 34102	US	400		DUL #31K ADUR 81K A1861 HBU	I CARTON HI ACCI
2. Principal Place of Business - No P.O. Box #		Mailing Address 4945 Westchester Court					
Suite, Apt. #, etc.		Suite, Apt. #, etc. #4404		04242007	Chg-P	CR2E034 (12/06	3)
City & State		City & State Naples, FL		4. FEI Numb 59-362		<u> </u>	Applied For Not Applicable
Zip	Country .	^{Zip} 34105	Country USA	5. Certificate	of Status Desired	□ \$8.75 A Fee Requ	
	6. Name and Address of Current	Registered Agent		7. Name and	Address of New	Registered Agent	
FOSTH ACCOUNTING, P.A. 501 GOODLETTE RD, STE D-304 NAPLES, FL 34102				Name Street Address (P.O. Box Number is Not Acceptable)			
			City			FL Zip Ci	ode
	named entity submits this statement for ions of registered agent.	r the purpose of changing its a	registered office or req	gistered agent, or bo	th, in the State of F	lorida. I am familiar wit	h, and accept
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	· Registered Agent signature ro	oquired when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Trust Fund Contribu			• • –	\$5.00 May Be Added to Fees			
10.	OFFICERS AND	DIRECTORS	11,	ADDITIONS.	CHANGES TO OF	FICERS AND DIRECTO	R\$ IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOODRING, MICHAEL S 4945 WESTCHESTER COURT, NAPLES, FL 34105	☐ Delete #4404	TITLE NAME STREET ADDRESS CITY - ST - ZIP			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAPLES, PL 34103	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNING OFFICER OB DIRECTOR

☐ Delete

Date

Daytme Phone #

___ Change

Addition