

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000006417

FILED  
Sep 14, 2010  
Secretary of State

**Entity Name:** WOODRING CABLE SERVICES, INC.

**Current Principal Place of Business:**

4008 KENSINGTON HIGH ST  
NAPLES, FL 34105

**New Principal Place of Business:**

1595 TRIANGLE PALM TERR  
NAPLES, FL 34119

**Current Mailing Address:**

4008 KENSINGTON HIGH ST  
NAPLES, FL 34105

**New Mailing Address:**

1595 TRIANGLE PALM TERR.  
NAPLES, FL 34119

**FEI Number:** 59-3625373

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FOSTH ACCOUNTING, P.A.  
501 GOODLETTE RD, STE D-304  
NAPLES, FL 34102 US

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

JCK ACCOUNTING  
1250 TAMiami TR N #201  
NAPLES, FL 34102 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:** LEE GARIEPY

09/14/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** WOODRING, MICHAEL S  
**Address:** 1595 TRIANGLE PALM TERR.  
**City-St-Zip:** NAPLES, FL 34119

**Title:** P  
**Name:** WOODRING, KIMBERLY R  
**Address:** 1595 TRIANGLE PALM TERR.  
**City-St-Zip:** NAPLES, FL 34119

I hereby 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 all other like empowered.

**SIGNATURE:** MICHAEL S WOODRING

D

09/14/2010

Electronic Signature of Signing Officer or Director

Date