2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000062405

City-St-Zip:

JACKSONVILLE, FL 32258

Entity Name: TRIPLE R CABLE CONSTRUCTION, INC.

FILED Apr 30, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 7090 NEW JESUP HWY BRUNSWICK, GA 31523 **Current Mailing Address: New Mailing Address:** 12417 JEREMYS LANDING DR E JACKSONVILLE, FL 32258 FEI Number: 59-3657076 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RICE, EDWARD L 12417 JEREMYS LANDING DR EAST JACKSONVILLE, FL 32258 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition RICE, JOSEPH L Name: Name: 12417 JEREMYS LANDING DR. EAST Address: Address: City-St-Zip: JACKSONVILLE, FL 32258 City-St-Zip: () Delete Title: VD Title: () Change () Addition Name: RICE, JOSHUA E Name: 8700 SOUTHSIDE BLVD., APT. 1208 Address: Address: JACKSONVILLE, FL 32256 City-St-Zip: City-St-Zip: Title: Title: STD () Delete () Change () Addition RICE, MARK A Name: Name: 8859 OLD KINGS RD., SOUTH APT 607 Address: Address: City-St-Zip: JACKSONVILLE, FL 32257 City-St-Zip: Title: () Delete Title: () Change () Addition RICE, EDWARD L Name: Name: 12417 JEREMYS LANDING DR. EAST Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

City-St-Zip:

SIGNATURE: EDWARD L RICE	D	04/30/2004
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