

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91219 033 \*\*\*150.00

**DOCUMENT # P00000076871**

1. Entity Name

VNR CABLE ENTERPRISES, INC.



Principal Place of Business

5143 CYRIL DRIVE  
DADE CITY FL 33523

Mailing Address

5143 CYRIL DRIVE  
DADE CITY FL 33523

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3668816

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

PRESTON, JENNIFER LEE  
5143 CYRIL DRIVE  
DADE CITY FL 33523

7. Name and Address of New Registered Agent

Name

Victor Neil Richardson III

Street Address (P.O. Box Number is Not Acceptable)

5143 Cyril Drive

City

Dade

FL

Zip Code

33523

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 Victor N Richardson III

Signature, typed or printed name of registered agent and title if applicable.

*Victor N Richardson III*

4/30/04

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PT  
NAME PRESTON, JENNIFER LEE  
STREET ADDRESS 5143 CYRIL DRIVE  
CITY-ST-ZIP DADE CITY FL 33523 ☒ Delete

TITLE VPS  
NAME RICHARDSON, VICTOR N  
STREET ADDRESS 5743 CYRIL DRIVE  
CITY-ST-ZIP DADE CITY FL 33523 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE P, VP, S, T  
NAME Victor N Richardson III  
STREET ADDRESS 5143 Cyril Drive  
CITY-ST-ZIP Dade City, FL 33523 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04

Date

352-583-6349

Daytime Phone #