

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90190 019 \*\*\*150.00

**DOCUMENT # P00000085756**

1. Entity Name  
**ADVANCED ELECTRONIC CABLES, INC.**



Principal Place of Business  
**4270 DOW ROAD  
SUITE 209  
MELBOURNE, FL 32934**

Mailing Address  
**4270 DOW ROAD  
SUITE 209  
MELBOURNE, FL 32934**

**94070032**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04262004

Chg-P

CR2E034 (10/03)

4. FEI Number  
**59-3669624**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

**BOONE, ALLAN D  
530 SAN GRASS CIRCLE  
MELBOURNE, FL 32940**

## 7. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

## 10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **BOONE, ALLAN D**  
CITY-ST-ZIP **1951 FABIEN CIR  
MELBOURNE, FL 32940**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **BOGDANSKI, ALAN J**  
CITY-ST-ZIP **1027 ELMS FORD ST NW  
PALM BAY, FL 32907**

TITLE ☐ Delete  
NAME **VP**  
STREET ADDRESS **CHRISTIAN, RICHARD**  
CITY-ST-ZIP **4900 GAIL BLVD  
WEST MELBOURNE, FL 32904**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **GAYNOR, MINH**  
CITY-ST-ZIP **3967 N HARBOR CITY BLVD.  
MELBOURNE, FL 32935**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME **President**  
STREET ADDRESS **Boone, Allan D.**  
CITY-ST-ZIP **299 Myrtlewood Rd.  
Melbourne, FL - 32940**

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

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

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

TITLE ☐ Change ☐ Addition  
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #