2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P02000029142

1. Entity Name

DDESCOTT CARLE SDLICING INC



FILED Apr 12, 2004 8:00 am Secretary of State 04-12-2004 90661 021 ***150.00

PRESCOTT CABLE SPLICING, INC.						5 , 1 2 2 55	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	100.0	
Principal Place of Business		Mailing Address			1				
15090 NORTH OLGA RD ALVA FL 33920		15090 NORTH OLGA RD ALVA FL 33920							
		•			l III				
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			MOORE CR2E034 (11/03)				
City & State		City & State		4. FEI Num	02-0577603			plied For t Applicable	
Zip	Country	Zip	Coun			ate of Status Desire	, D E	8.75 Add ee Required	
6. Name and Address of Current Registered Agent					7. Name ar	nd Address of Ne	w Registered A	gent	
A CONTRACT OF THE PARTY OF THE				Name					
SCHUTT, DARRIN R STE C 1105 CAPE CORAL PARKWAY EAST CAPE CORAL FL 33904				Street Address (P.O. Box Number is Not Acceptable)					
CAI	E CONAL E 33904						•		
				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									
National Action (See Section)	ant, and other characters of the source of t	description and the second	g.u.u.u	a rigorit organicato rocquiroc	, which tok islandy,				-
FILE NOW!!! FEE IS \$150.00 After May 1; 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State					I	Election Campaigr Trust Fund Contrib			May Be to Fees
10.	OFFICERS AND DIRECTORS 1				ADDITION	S/CHANGES TO	OFFICERS AND	DIRECTORS	S IN 11
Tity .	D · · . ,. Delete T		TITLE					Change	☐ Addition
NAME	PRESCOTT, PERRY L JR		NAM	E					
STREET ADDRESS CITY-ST-21P	15090 NORTH OLGA RD			ET ADDRESS					-
	ALVA FL 33920		_	- ST - ZIP					
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City-St-Zip			CITY	-ST-ZIP					Ī

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 eath; that I am an officer or director of the corporation or the receiver or rostee 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 keeping ered.

SIGNATURE AND TYPED OR PRINTER NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #