


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000045486	
1. Entity Name CABLE SOLUTIONS OF CENTRAL FLORIDA, INC.	

Principal Place of Business 803 BISHOP PLACE SEFFNER, FL 33584	Mailing Address 803 BISHOP PLACE SEFFNER, FL 33584
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DO NOT WRITE IN THIS SPACE



01112005 No Chg-P CR2E034 (10/03)

4. FEI Number 01-0678876	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BRODOWSKI, MICHAEL E 803 BISHOP PLACE SEFFNER, FL 33584
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	NOTE: Registered Agent signature required when reinstating	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRODOWSKI, MICHAEL E 803 BISHOP PLACE SEFFNER, FL 33584
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRODOWSKI, TINA-MARIE 803 BISHOP PLACE SEFFNER, FL 33584
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/13/05-80024-016 150.00

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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 at 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: <u>Tina Marie Brodowski / Tina-Marie Brodowski</u> 4/11/05	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
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(813) 655-2866