

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000123735

1. Entity Name
K.V. WIRE & CABLE CORP.



Principal Place of Business
2530 CRYSTAL ROAD
FORT MYERS, FL 33907

Mailing Address
2530 CRYSTAL ROAD
FORT MYERS, FL 33907



01122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
55-0808049
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FAGA, ANTONIO
7955 AIRPORT RD N STE 101
NAPLES, FL 34109

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

U00000201667
01/28/05-80077-005 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERNANDEZ, RAUL 190 ERIE DRIVE NAPLES, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VELATINI, CARLO 3315 EUROPA DRIVE #114 NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VELATINI, CARL 10823 LONGSHORE WAY E NAPLES, FL 341197976
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS KEIM, JEFFREY 862 ADELPHI CT FT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VELATINI, BONITA M 10823 LONGSHORE WAY E NAPLES, FL 341197976
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

1/24/05 239-939-7285
Daytime Phone #