

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000131869**

1. Entity Name  
CABLING CONCEPTS INC.



Principal Place of Business  
460 ORIOLE ST  
KEYSTONE HEIGHTS, FL 32656

Mailing Address  
P.O. BOX 187  
KEYSTONE HEIGHTS, FL 32656



01272004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
18-1641791

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

JONES, AMANDA M  
460 ORIOLE ST  
KEYSTONE HEIGHTS, FL 32656

**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 *Amanda M Jones*

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

(NOTE: Registered Agent signature required when re-registering)

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

000000022993  
02/02/04-80005-003 158.75

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME JONES, AMANDA M  
STREET ADDRESS 460 ORIOLE ST  
CITY-ST-ZIP KEYSTONE HEIGHTS, FL 32656

TITLE VP  
NAME JONES, JOHN H  
STREET ADDRESS 460 ORIOLE ST  
CITY-ST-ZIP KEYSTONE HEIGHTS, FL 32656

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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: *Amanda M Jones*