

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Sep 13, 2004 8:00 am**  
**Secretary of State**

08-13-2004 90071 011 \*\*\*150.00

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MOORE CR2E034 (4/04)

**DOCUMENT # P03000034935**

1. Entity Name  
**CABLE ZAPPERS, INC.**



Principal Place of Business  
**715 PAPAYA DR  
TAMPA FL 33619**

Mailing Address  
**715 PAPAYA DR  
TAMPA FL 33619**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

4. FEI Number  
**55-0825457**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**LYONS, ROBERT  
2901 W BUSCH BLVD, STE 1005  
TAMPA FL 33612**

7. Name and Address of New Registered Agent  
Name  
**Tracy Rutland, President**  
Street Address (P.O. Box Number is Not Acceptable)  
**715 Papaya Dr**  
City  
**Tampa** FL Zip Code  
**33619**

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 **Tracy Rutland, President** *Tracy Rutland* **8/10/04**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00 DUE BY: September 8, 2004**  
**Make Check Payable to Florida Department of State**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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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 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: *Tracy Rutland* **Tracy Rutland, President** **8/10/04** **813-477-1285**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #