

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90256 050 \*\*\*150.00

**DOCUMENT # P03000041702**

1. Entity Name  
**D'S CABLE, INC.**



Principal Place of Business  
**5031 SHERRY LANE  
NEW PORT RICHEY, FL 34653 US**

Mailing Address  
**9300 REGENCY PARK BLVD.  
PORT RICHEY, FL 34668 US**

2. Principal Place of Business

3. Mailing Address  
**5031 Sherry Lane**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**New Port Richey, FL**

Zip

Country

Zip  
**34653**

Country

04232004

Chg-P

CR2E034 (10/03)

4. FEI Number  
**56-2359663**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**TORRES, DIEGO  
5031 SHERRY LANE  
NEW PORT RICHEY, FL 34653**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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 ES-2 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

10. OFFICERS AND DIRECTORS

|                |                                  |                                 |
|----------------|----------------------------------|---------------------------------|
| TITLE          | P                                | <input type="checkbox"/> Delete |
| NAME           | <b>TORRES, DIEGO</b>             |                                 |
| STREET ADDRESS | <b>5031 SHERRY LANE</b>          |                                 |
| CITY-ST-ZIP    | <b>NEW PORT RICHEY, FL 34653</b> |                                 |
| TITLE          | S                                | <input type="checkbox"/> Delete |
| NAME           | <b>COONS, CATHIE</b>             |                                 |
| STREET ADDRESS | <b>9300 REGENCY PARK BLVD.</b>   |                                 |
| CITY-ST-ZIP    | <b>PORT RICHEY, FL 34668</b>     |                                 |
| TITLE          |                                  | <input type="checkbox"/> Delete |
| NAME           |                                  |                                 |
| STREET ADDRESS |                                  |                                 |
| CITY-ST-ZIP    |                                  |                                 |
| TITLE          |                                  | <input type="checkbox"/> Delete |
| NAME           |                                  |                                 |
| STREET ADDRESS |                                  |                                 |
| CITY-ST-ZIP    |                                  |                                 |
| TITLE          |                                  | <input type="checkbox"/> Delete |
| NAME           |                                  |                                 |
| STREET ADDRESS |                                  |                                 |
| CITY-ST-ZIP    |                                  |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                                  |                                                                              |
|----------------|----------------------------------|------------------------------------------------------------------------------|
| TITLE          |                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                  |                                                                              |
| STREET ADDRESS |                                  |                                                                              |
| CITY-ST-ZIP    |                                  |                                                                              |
| TITLE          |                                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>10537 Frierson Lake Drive</b> |                                                                              |
| STREET ADDRESS | <b>Hudson, FL 34669-3444</b>     |                                                                              |
| CITY-ST-ZIP    |                                  |                                                                              |
| TITLE          |                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                  |                                                                              |
| STREET ADDRESS |                                  |                                                                              |
| CITY-ST-ZIP    |                                  |                                                                              |
| TITLE          |                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                  |                                                                              |
| STREET ADDRESS |                                  |                                                                              |
| CITY-ST-ZIP    |                                  |                                                                              |
| TITLE          |                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                  |                                                                              |
| STREET ADDRESS |                                  |                                                                              |
| CITY-ST-ZIP    |                                  |                                                                              |

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: X** *Diego Torres*

**Diego Torres**

**4/26/04**

**(727) 808-6350**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #