


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90567 038 \*\*\*150.00

<b>DOCUMENT # P03000124903</b> 1. Entity Name <b>CABLE AMERICA, INC.</b>					
Principal Place of Business <b>1411 NE 22ND AVE OCALA, FL 34470</b>			Mailing Address <b>7282 55TH AVE E, PMB 187 BRADENTON, FL 34203 80</b>		
2. Principal Place of Business <b>8999 S.W. 80th AVE.</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>OCALA FL. 34481</b>		City & State Suite, Apt. #, etc.			
Zip <b>34481</b>		Country <b>MARION</b>		4. FEI Number <b>20-0364338</b>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MEISSNER, GREGORY C ESQ 1111 3RD AVENUE W #150 BRADENTON, FL 34205</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD KURLINSKI, KIRK W 7282 55TH AVENUE E, PMB 187 BRADENTON, FL 34203	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD GEORGE, JAMES R 1411 NE 22ND AVE OCALA, FL 34470	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEORGE, NICK 1411 NE 22ND AVE OCALA, FL 34470	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D George, Nick 8999 S.W. 80th Ave Ocala, FL 34481	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D George, Nick 8999 S.W. 80th Ave Ocala, FL 34481	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D George, Nick 8999 S.W. 80th Ave Ocala, FL 34481	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D George, Nick 8999 S.W. 80th Ave Ocala, FL 34481	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u>KIRK W. KURLINSKI</u> <span style="float: right;">4/29/05</span> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					