



**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000057078 1. Entity Name E-CABLE, INC.	
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Principal Place of Business 23505 STATE RD 40 ASTOR, FL 32102	Mailing Address P.O. BOX 533714 ORLANDO, FL 32853
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DO NOT WRITE IN THIS SPACE

	
03192008 No Chg-P CR2E034 (11/05)	
4. FEI Number 59-3170181	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WHITLEY, JOHN B 23748 STATE ROAD 40 ASTOR, FL 32102

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000911341 05/07/08-80036-012 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES WHITLEY, JOHN 5541 FORCE FOUR PKWY ORLANDO, FL 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC MANNS, PAT 5541 FORCE FOUR PKWY ORLANDO, FL 32809
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>Pat Manns</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>4-22-08</u> <u>407-251-9332</u> <small>Date Daytime Phone #</small>