

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000085092

FILED
Apr 13, 2005
Secretary of State

Entity Name: FIBERCOM, INC.

Current Principal Place of Business:

2723 W. DUNNELLON RD.
DUNNELLON, FL 34433

New Principal Place of Business:

Current Mailing Address:

2723 W. DUNNELLON RD.
DUNNELLON, FL 34433

New Mailing Address:

9805 W. CAMPHOR LN
CRYSTAL RIVER, FL 34428

FEI Number: 20-1197254

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRYE, CHARLES A SR.
9805 W. CAMPHOR LANE
CRYSTAL RIVER, FL 34428 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: FRYE, ROSE B
Address: 9805 W. CAMPHOR LANE
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: VS () Delete
Name: FRYE, CHARLES A
Address: 9805 W. CAMPHOR LANE
City-St-Zip: CRYSTAL RIVER, FL 34428

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES A FRYE

VP

04/13/2005

Electronic Signature of Signing Officer or Director

_____ Date