


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P04000118648 1. Entity Name CONTINENTAL BROADBAND FLORIDA, INC.	
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Principal Place of Business 150 W BRAMBLETON AVE NORFOLK, VA 23510	Mailing Address 150 W BRAMBLETON AVE NORFOLK, VA 23510
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04092007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-1511951	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  CT CORPORATION SYSTEM 1200 S PINE ISLAND ROAD PLANTATION, FL 33324
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANSTROM, DECKER 150 W BRAMBLETON AVE NORFOLK, VA 23510
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BATTEN, FRANK JR 150 W BRAMBLETON AVE NORFOLK, VA 23510
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS FRIDDELL, GUY R 150 W BRAMBLETON AVE NORFOLK, VA 23510
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GOETZ, SUSAN S 150 W BRAMBLETON AVE NORFOLK, VA 23510
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WATKINS, CHARLES L 150 W BRAMBLETON AVE NORFOLK, VA 23510
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<b>DO NOT WRITE IN THIS SPACE</b>
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05/01/07-80045-008 150.00

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: Susan S. Goetz Susan S. Goetz 4/9/07 752-446-2013  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #