

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000118648

1. Entity Name
CONTINENTAL BROADBAND FLORIDA, INC.



Principal Place of Business
150 W BRAMBLETON AVE
NORFOLK, VA 23510

Mailing Address
150 W BRAMBLETON AVE
NORFOLK, VA 23510



04182008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1511951

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000939721
05/28/08-80038-009 150.00

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 | |

**DO NOT WRITE
IN THIS SPACE**

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/18/08 757-446-2013