

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000132654

FILED
Apr 07, 2005
Secretary of State

Entity Name: CO-OP CABLE CONTRACTORS INC.

Current Principal Place of Business:

1902 E 114TH AVE
TAMPA, FL 33612

New Principal Place of Business:

Current Mailing Address:

1902 E 114TH AVE
TAMPA, FL 33612

New Mailing Address:

FEI Number: 81-0658553

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COTTLE, KENNETH S
1902 E 114TH AVE
TAMPA, FL 33612 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COTTLE, KENNETH S
Address: 1902 E 114TH AVE
City-St-Zip: TAMPA, FL 33612

Title: VP (X) Delete
Name: LEWIS, BRIAN K
Address: 216 QUAIL LANE
City-St-Zip: ROBERTSDALE, AL 36567

Title: SEC (X) Delete
Name: COTTLE, SUSAN G
Address: 1902 E 114TH AVE
City-St-Zip: TAMPA, FL 33612

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: KENNETH S COTTLE

PRES

04/07/2005

Electronic Signature of Signing Officer or Director

Date