## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

ED OR PRINTED NAME OF SIGNING

## Jul 15, 2005 8:00 am **Secretary of State DOCUMENT # P04000139766** 07-15-2005 90021 045 \*\*\*150.00 FLORIDA COASTAL CABLE, INC. Principal Place of Business Mailing Address 981-3 HIGHWAY 98 EAST #292 981-3 HIGHWAY 98 EAST #292 20064155 DESTIN, FL 32541 DESTIN, FL 32541 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite Apt. #. etc. 07062005 CR2E034 (10/03) City & State City & State FEI Numbe Applied For Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DEWEES, LEDYARD H Street Address (P.O. Box Number is Not Acceptable) 270 N.W. 3RD COURT BOCA RATON, FL 33432-3720 City Zip Code 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 hame of registered agent and the I approvable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 7, 2005 Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, TITLE ☐ Delete TILE Change Addition RICK BOSWELL 981-3 HWY 98 F #292 NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DESTIN FL 32541 CITY-ST-7P HTLE Delete TITLE ☐ Change ☐ Addition MAME N.A.E STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP HILE ☐ Delete TITLE Change Addition MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CiTY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition HALLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the recommend 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 attactor/epit vi this my address, with all other like empowered.

FILED