2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000153746

Entity Name: COMP CABLE, INC.

FILED May 12, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

12157 W. LINEBAUGH AVE STE 171 12157 W. LINEBAUGH AVE TAMPA, FL 33626

STE 171

TAMPA, FL 33626

Current Mailing Address: New Mailing Address:

12157 W. LINEBAUGH AVE STE 171 TAMPA, FL 33626

FEI Number: 20-1865172 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

O'LEARY, D. MICHAEL 101 E KENNEDY BLVD STE 2700 TAMPA, FL 33602

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition COMPTON, ANDREW P COMPTON, ANDREW P VP Name: Name: 12105 LEXINGTON DRIVE 12157 W. LINEBAUGH AVE Address: Address: City-St-Zip:

TAMPA, FL 33626 City-St-Zip: TAMPA, FL 33626

Title: Title: (X) Change () Addition () Delete Name: MCCORMICK, ASHLEY N Name: WINGFIELD, THOMAS C PRES 8911 BLIND PASS ROAD #309 12157 W. LINEBAUGH AVE Address: Address: ST. PETERSBURG, FL 33706 TAMPA, FL 33626 City-St-Zip: City-St-Zip:

Title: Title: (X) Delete () Change () Addition

WINGFIELD, THOMAS C Name: Name: 1923 BLUE RIVER ROAD Address: Address: City-St-Zip: HOLIDAY, FL 34691 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: THOMAS C. WINGFIELD **PRES** 05/12/2005