


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90057 039 ***150.00

| | |
|--|---|
| DOCUMENT # P04000163120 |  |
| 1. Entity Name CABLE TO CABLE, INC. | |

| | |
|--|--|
| Principal Place of Business 3428 ROYAL ASCOT RD. GOTHA, FL 34734 | Mailing Address 3428 ROYAL ASCOT RD. GOTHA, FL 34734 |
|--|--|

| | |
|---|---|
| 2. Principal Place of Business 3428 Royal Ascot Run Suite, Apt. #, etc. | 3. Mailing Address 3428 Royal Ascot Run Suite, Apt. #, etc. |
|---|---|

| | |
|--------------------------------|--------------------------------|
| City & State Gotha, Florida | City & State Gotha, Florida |
| Zip 34734 | Zip 34734 |
| Country | Country |

02112005 Chg-P CR2E034 (10/03)

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 20-1952155 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

| | |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

| | |
|---|--|
| 6. Name and Address of Current Registered Agent CABLE, MARK A RUN 3428 ROYAL ASCOT RD. GOTHA, FL 34734 | |
|---|--|

| | |
|--|----------------------|
| 7. Name and Address of New Registered Agent | |
| Name Mark A. Cable | |
| Street Address (P.O. Box Number is Not Acceptable) 3428 Royal Ascot Run | |
| City Gotha | FL Zip Code 34734 |

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 _____

| | |
|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P CABLE, MARK A RUN 3428 ROYAL ASCOT RD. GOTHA, FL 34734 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP CABLE, KAREN A RUN 3428 ROYAL ASCOT RD. GOTHA, FL 34734 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby 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 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 an officer like empowered.

SIGNATURE: Mark A. Cable 3/29/05 407-295-5926
MARK A. CABLE President Date Daytime Phone #