

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 29, 2008 8:00 am
Secretary of State**

04-04-2008 90015 005 ***150.00

DOCUMENT # P05000085676

1. Entity Name
PROGRESSIVE WIRE & CABLE, INC.



Principal Place of Business

4711 TRANSPORT DR.
BLDG # 5
TAMPA, FL 33605

Mailing Address

P.O. BOX 1780
RIVERVIEW, FL 33568

66000000



01232008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
16-1727326

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

REED, JOHN M
4711 TRANSPORT DR. BLDG # 5
TAMPA, FL 33605

**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 resigning)

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BRUNO, THEODORE J.
STREET ADDRESS 4711 TRANSPORT DR - BLDG # 5
CITY-ST-ZIP TAMPA, FL 33605

TITLE STD
NAME REED, JOHN M.
STREET ADDRESS 4711 TRANSPORT DR - BLDG # 5
CITY-ST-ZIP TAMPA, FL 33605

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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone If

4/23/08 813-470-4019