

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000005215

FILED  
Feb 25, 2009  
Secretary of State

Entity Name: C&M CABLE CONCEPTS II, INC

**Current Principal Place of Business:**

2748 BLOWING BREEZE WAY  
ORLANDO, FL 32820

**New Principal Place of Business:**

5000 SE 39TH COURT  
OCALA, FL 34480

**Current Mailing Address:**

PO BOX 780158  
ORLANDO, FL 32878

**New Mailing Address:**

PO BOX 831463  
OCALA, FL 34483

FEI Number: 20-4125529

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

RAPP, BJ  
7451 SADLER RD BOX 67  
TANGERINE, FL 32777 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CLARK, MISTY D  
Address: 2748 BLOWING BREEZE WAY  
City-St-Zip: ORLANDO, FL 32820

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: CLARK, MISTY D  
Address: PO BOX 831463  
City-St-Zip: OCALA, FL 34483

Title: D ( ) Change (X) Addition  
Name: ALLEN, CHERYL A  
Address: PO BOX 831463  
City-St-Zip: OCALA, FL 34483

Title: D ( ) Change (X) Addition  
Name: CHAFFIN, JERRY W  
Address: PO BOX 831463  
City-St-Zip: OCALA, FL 34483

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CHERYL A ALLEN

D

02/25/2009

Electronic Signature of Signing Officer or Director

Date