

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000005215

**FILED**  
**Apr 18, 2010**  
**Secretary of State**

**Entity Name:** C&M CABLE CONCEPTS II, INC

**Current Principal Place of Business:**

5000 SE 39TH COURT  
OCALA, FL 34480

**New Principal Place of Business:**

7451 SADLER RD BOX 739  
TANGERINE, FL 32777

**Current Mailing Address:**

PO BOX 831463  
OCALA, FL 34483

**New Mailing Address:**

PO BOX 739  
TANGERINE, FL 32777

**FEI Number:** 20-4125529

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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  
Name: CLARK, MISTY D  
Address: PO BOX 831463  
City-St-Zip: Ocala, FL 34483

Title: D  
Name: ALLEN, CHERYL A  
Address: PO BOX 831463  
City-St-Zip: Ocala, FL 34483

Title: D  
Name: CHAFFIN, JERRY W  
Address: PO BOX 831463  
City-St-Zip: Ocala, FL 34483

I hereby 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 all other like empowered.

SIGNATURE: CHERYL ALLEN

D

04/18/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date