

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000009480

FILED  
Jan 04, 2012  
Secretary of State

**Entity Name:** CABLE DESIGN SERVICES OF FLORIDA, INC.

**Current Principal Place of Business:**

735 LAUREL BAY CIRCLE  
NEW SMYRNA BEACH, FL 32169

**New Principal Place of Business:**

7025 CR 46A  
BUILDING 1071, UNIT 388  
LAKE MARY, FL 32746

**Current Mailing Address:**

735 LAUREL BAY CIRCLE  
NEW SMYRNA BEACH, FL 32169

**New Mailing Address:**

7025 CR 46A  
BUILDING 1071, UNIT 388  
LAKE MARY, FL 32746

**FEI Number:** 27-1846287

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LENT, ROBERT W  
735 LAUREL BAY CIRCLE  
NEW SMYRNA BEACH, FL 32169 US

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

LENT, ROBERT W  
7025 CR 46A  
BUILDING 1071, UNIT 388  
LAKE MARY, FL 32746 US

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: ROBERT W. LENT

01/04/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: LENT, ROBERT W  
Address: 7025 CR 46A, BLDG 1071, UNIT 388  
City-St-Zip: LAKE MARY, FL 32746

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: ROBERT W. LENT

D

01/04/2012

Electronic Signature of Signing Officer or Director

Date