

2006 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 09, 2006 8:00 am
Secretary of State

02-17-2006 90065 001 ***150.00

66004356



02092006 Chg-P CR2E034 (11/05)

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|--|--|--|--|--|--|
| DOCUMENT # P94000023059 | | | |  | |
| 1. Entity Name WIRE AND CABLE SPECIALTIES, INC. | | | | | |
| Principal Place of Business 425 RICHARD RD C ROCKLEDGE, FL 32955 US | | | Mailing Address P.O. BOX 560682 ROCKLEDGE, FL 32956 US | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-3233469 | |
| | | | | Applied For Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 5. Name and Address of Current Registered Agent MULREANY, TERRANCE P 5570 ANGLER DR COCOA, FL 32926-2361 | | | | 7. Name and Address of New Registered Agent | |
| | | | | Name | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | City | |
| | | | | FL Zip Code | |
| 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, 2006 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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | V DAVIS, PEGGY ANN 5570 ANGLER DR COCOA, FL 329262361 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | MULREANY PEGGY ANN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SAME SAME | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P MULREANY, TERRANCE P 5570 ANGLER DR COCOA, FL 329262361 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S ZAMOJSKI, MARK A 407 WENTHROP CIR ROCKLEDGE, FL 32955 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | ZAMOJSKI, MARK A <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. BOX 561114 ROCKLEDGE, FL 32956-1114 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | 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"/> Delete | | 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"/> Delete | | 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 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: <i>James P. Mulreany</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | 3/7/06 Date | | |
| | | | BRW-590-4001 Daytime Phone # | | |



ATTACHMENT
66004356

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 21, 2006

WIRE AND CABLE SPECIALTIES, INC.
P.O. BOX 560682
ROCKLEDGE, FL 32956 US

Subject: **WIRE AND CABLE SPECIALTIES, INC.**

Reference Number: **P94000023059**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/rm

ANNUAL REPORTS SECTION