

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P96000053756

1. Entity Name  
A & R CABLE SERVICES INC.



Principal Place of Business  
7832 STEPHENSON DR  
JACKSONVILLE, FL 32208 US

Mailing Address  
7832 STEPHENSON DR  
JACKSONVILLE, FL 32208 US

**FILED  
May 03, 2004 08:00 AM  
Secretary of State**



04272004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0682662	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

WOOLLERY, ANTHONY  
7832 STEPHENSON DR  
JACKSONVILLE, FL 32211

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME WOOLLERY, ANTHONY  
STREET ADDRESS 7832 STEPHENSON DR  
CITY - ST - ZIP JACKSONVILLE, FL 32211

U00000153522  
05/04/04-80131-020 150.00

TITLE D  
NAME WOOLLERY, ROSETTA  
STREET ADDRESS 7832 STEPHENSON DR  
CITY - ST - ZIP JACKSONVILLE, FL 32211

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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

April 31 234-03  
Date Daytime Phone #