2006 FOR PROFIT CORPORATION . ANNUAL REPORT (AR)

. ANNUAL REPORT (AR)				Apr 03, 2006 08:00 AM
DOCUMENT # P96000060031 1. Entity Name				Secretary of State
CABLE 1	, INC.			
Principal Pla	ce of Business	Mailing Address		
246 HIDDEN PINES DR PANAMA CITY BEACH FL 32408		246 HIDDEN PINES DR PANAMA CITY BEACH FL 32408		£
I ANAINA C	THE BLACITY E 32400	FARAMA ON 1 BEAC	2A FL 32400	
2. Principal Place of Business		3. Mailing Address		C THE REPORT HE INCHESTIGE BOOK BOOK BOOK BOOK BOOK BOOK BOOK BOO
Suite, Apt. #. etc.		Suite, Apt. #, etc.		1st MOORE CR2E034 (10/05)
City & State		City & State		4. FEI Number 59-3391663 Applied For
Zip	Country	Zip	Country	5. Certificate of Status Desired See Required Fee Required
	6. Name and Address of Curr	ent Registered Agent		7. Name and Address of New Registered Agent
246	RCHFIELD, STEVEN L HIDDEN PINES DR		Street Address (P.O. Box Number is Not Acceptable)
PAI	NAMA CITY BEACH FL 32	2408		
			City	FL Zip Code
8. The above the obliga	 named entity submits this statement tions of registered agent. 	nt for the purpose of changing it	s registered office or register	red agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or profited name of registered a	geril and title it application (NO	TE: Registered Agent arginature renuires	3-31-04 Miner (onstant)) DATE
After	ILE NOW!!! FEE IS \$150.00 May 1, 2006 Fee Will Be \$550 k Payable to Florida Departmen	.00		9. Election Campaign Financing \$5.00 May B Trust Fund Contribution. Added to Fees
10.	OFFICERS A	ND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME STREET ADDRESS CITY-ST-ZIP	P BURCHFIELD, STEVEN L 246 HIDDEN PINES DR	☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addiik U00000U488485 04/17/06-80009-014-150.00
TITLE	PANAMA CITY BEACH FL 324	Delete	CITY-ST-ZIP TITLE	☐ Change ☐ Author
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STREET ADDRESS			STREET ADDRESS	
C:)TY-ST-ZIP			CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 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: Stewn & Burchell

3-31-06

850-234-5751

FILED