

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000060963

FILED
Apr 24, 2009
Secretary of State

Entity Name: JACKY STEELE CABLE SPLICING, INC.

Current Principal Place of Business:

302 SW CLAYTON LN
FORT WHITE, FL 32038 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 2211
HIGH SPRINGS, FL 32655

New Mailing Address:

FEI Number: 59-3399076

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEELE, JACKY L
302 SW CLAYTON LN
FT WHITE, FL 32038 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: DP () Delete
Name: STEEL, JACKY L
Address: 302 SW CLAYTON LN
City-St-Zip: FORT WHITE, FL 32038

Title: DST () Delete
Name: STEELE, BOBBIE
Address: 302 SW CLAYTON LN
City-St-Zip: FORT WHITE, FL 32038

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: STEELE, JACKY L
Address: 302 SW CLAYTON LN
City-St-Zip: FORT WHITE, FL 32038

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BOBBIE STEELE

DST

04/24/2009

Electronic Signature of Signing Officer or Director

Date