

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90307 034 ***150.00

DOCUMENT # P98000043200 1. Entity Name THERMAL WIRE & CABLE CORP.																											
Principal Place of Business 6601 CUTTY SARK LANE NAPLES, FL 34104		Mailing Address 6601 CUTTY SARK LANE NAPLES, FL 34104																									
2. Principal Place of Business 3527 Plover Ave Suite, Apt. #, etc.		3. Mailing Address 3527 Plover Ave Suite, Apt. #, etc.																									
City & State Naples, FL Zip 34117 Country		City & State Naples, FL Zip 34117 Country																									
4. FEI Number 59-3510011		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent GEGENWARTH, MARK 6601 CUTTY SARK LANE NAPLES, FL 34104		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, 2004 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">D</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 70%;">NAME GEGENWARTH, MARK</td> </tr> <tr> <td>STREET ADDRESS</td> <td>6601 CUTTY SARK LANE</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NAPLES, FL 34104</td> <td></td> <td></td> </tr> </table>		TITLE	D	<input type="checkbox"/> Delete	NAME GEGENWARTH, MARK	STREET ADDRESS	6601 CUTTY SARK LANE			CITY-ST-ZIP	NAPLES, FL 34104			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;"></td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td style="width: 70%;">NAME</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	STREET ADDRESS				CITY-ST-ZIP			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Mark G. Gegenwarth</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>4/14/04</u> Daytime Phone # <u>239 430 9473</u>																									