2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P98000052014

1. Entity Name
KEY CABLING, INC.

Principal Place of Business	Mailing Address
10306 WILLIAMS ROAD TAMPA, FL 33624	10306 WILLIAMS ROAD TAMPA, FL 33624

DO NOT WRITE IN THIS SPACE

02032005   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
59-3516714		Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ELLIOTT, MICHAEL
10306 WILLIAMS ROAD
TAMPA, FL 33624

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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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ELLIOTT, MICHAEL
STREET ADDRESS	10306 WILLIAMS ROAD
CITY-ST-ZIP	TAMPA, FL 33624

TITLE	
NAME	
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CITY-ST-ZIP	

U00000368261
05/25/05-80003-003 550.00

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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 address, with all other like empowered.

SIGNATURE: _Michael Elliott_   _5-21-05_   _813-265-1806_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #