

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000003393

FILED
Jan 11, 2009
Secretary of State

Entity Name: KELSON CABLE & WIRING PRODUCTS, INC.

Current Principal Place of Business:

245 KINCAID AVE
DELAND, FL 32724

New Principal Place of Business:

Current Mailing Address:

245 KINCAID AVE
DELAND, FL 32724

New Mailing Address:

FEI Number: 59-3579871

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLARKE, CARLOS R
684 STRATFORD DRIVE
DELAND, FL 32724 US

Name and Address of New Registered Agent:

CLARKE, CARLOS R
245 KINCAID AVE.
DELAND, FL 32724 US

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:

01/11/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CLARKE, CARLOS R
Address: 684 STRATFORD DR
City-St-Zip: DELAND, FL 32724

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CLARKE, CARLOS R
Address: 245 KINCAID AVE.
City-St-Zip: DELAND, FL 32724 US

Title: VP () Change (X) Addition
Name: CLARKE, MELODEE P
Address: 245 KINCAID AVE.
City-St-Zip: DELAND, FL 32724 US

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: CARLOS R CLARKE

P

01/11/2009

Electronic Signature of Signing Officer or Director

Date