## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 08:00 AM
Secretary of State

ANNUAL REPORT						
DOCUMENT # P9900019356  1. Entity Name				Secretary of State		
CUSTOM	CABLING CONCEPTS, INC	_				
Principal Place of Business Malling Address 8281 BAXTER POINT ROAD NORTH 8281 BAXTER POINT ROAD NO MIMS, FL 32754 MIMS, FL 32754			DRTH			
D	O NOT WRITE	IN THIS SPA	ÇE	01152004 No Chg-P CR2E034 (10/03)  4. FEI Number   Applied For   59-3561022   Not Applicable		
				5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current F	egistered Agent				
SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL 33134			DO NOT WRITE IN THIS SPACE			
	e named entity submits this statement for tions of registered agent.	the purpose of changing its register	red office or register	red agent, or both, in the State of Florida.	I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE Register	ed Agent signature required	I when reinstating)	DATE.	
After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution.				.00 May Be led to Fees		
10.	OFFICERS AND D	DIRECTORS				
TITLE  NAME  STREET ADDRESS  CITY+S1+ZIP	PSD WHIDDON, STEVEN J 8281 BAXTER POINT ROAD NO MIMS, FL 32754	₹TH				
TITLE NAME STREET ADDRESS CITY - ST - ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WR	ITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPA	CE	
TITLE NAME STREET ADDRESS CITY ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
indicated of the co	certify that the information supplied with d on this report or supplemental report is proration or the receiver or trustee emport, or on an attachment with an address, v	true and accurate and that my signa wered to execute this report as requ	emption stated in Stature shall have the alured by Chapter 60	ection 119.07(3)(i), Florida Statutes, I (url	her certify that the information	

A PRINTED HAME OF SIGNING OFFICER ON DIRECTOR