


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90035 040 ***150.00

DOCUMENT # P99000028433	
1. Entity Name PREMIER CABLE DESIGNS, INC.	

Principal Place of Business 4914 CREEKSIDE DR SUITE C CLEARWATER, FL 33760	Mailing Address 4914 CREEKSIDE DR SUITE C CLEARWATER, FL 33760
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2. Principal Place of Business - No P.O. Box # 3801 CORPOREX PARK DRIVE	3. Mailing Address 3801 CORPOREX PARK DR
Suite, Apt. #, etc. Suite 100	Suite, Apt. #, etc. Suite 100
City & State TAMPA, FL	City & State TAMPA, FL
Zip 33619	Zip 33619
Country Hillsborough	Country Hillsborough

04302007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3572298	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required <input type="checkbox"/>
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6. Name and Address of Current Registered Agent	
HELMS, MATTHEW 9234 HIDDEN WATER CIRCLE RIVERVIEW, FL 33569	

7. Name and Address of New Registered Agent	
Name 3201 HURLEY GROVE WAY	
Street Address (P.O. Box Number is Not Acceptable)	
City VALRICO	FL Zip Code 33594

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 *Matthew L. Helms* C.E.O. DATE 4/30/07

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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HELMS, MATTHEW 9234 HIDDEN WATER CIRCLE RIVERVIEW, FL 33569 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HELMS, MATTHEW 3201 HURLEY GROVE WAY VALRICO, FL 33594 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O KNAPP, DANIEL 111 BELLE ISLE AVE BELLEAIR BEACH, FL 33786 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Matthew L. Helms* **MATTHEW L. HELMS** 4/30/07 813-496-2123

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #