

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S30749

FILED  
Apr 04, 2011  
Secretary of State

**Entity Name:** COMPULINK CABLE ASSEMBLIES OF FLORIDA, INC.

**Current Principal Place of Business:**

1205 GANDY BLVD, N  
ST PETERSBURG, FL 33702 US

**New Principal Place of Business:**

**Current Mailing Address:**

1205 GANDY BLVD, N  
ST PETERSBURG, FL 33702 US

**New Mailing Address:**

**FEI Number:** 59-3118888      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHEVLIN, STEPHEN  
1205 GANDY BLVD, N  
ST PETERSBURG, FL 33702 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** SHEVLIN, STEPHEN  
**Address:** 1616 HUNTINGTON PL  
**City-St-Zip:** SAFETY HARBOR, FL 34695

**Title:** VPD  
**Name:** WILKIN, ROBERT  
**Address:** 211 VALENCIA CIRCLE  
**City-St-Zip:** SAINT PETERSBURG, FL 33716

I hereby 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 all other like empowered.

SIGNATURE: MARY E BOURQUE

MGR

04/04/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date