


FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90034 032 ***158.75

**2006 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # H27034					
1. Entity Name C/FUNDS GROUP, INC.					
Principal Place of Business 201 CENTER RD. SUITE TWO VENICE, FL 34285			Mailing Address 201 CENTER RD. SUITE TWO VENICE, FL 34285		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent CALDWELL, ROLAND G JR 201 CENTER RD SUITE TWO VENICE, FL 34285				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				City	
FL				Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	S	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRASWELL, LYN B		NAME	JAMES R. WOODS	
STREET ADDRESS	1393 MUSTANG STREET		STREET ADDRESS	609 MADRID AVENUE	
CITY-ST-ZIP	NOKOMIS, FL 34275		CITY-ST-ZIP	VENICE FL 34285-1315	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PECHEUX, DEBORAH		NAME		
STREET ADDRESS	1911 OAKHURST PARKWAY		STREET ADDRESS		
CITY-ST-ZIP	SUGARLAND, TX 77479		CITY-ST-ZIP		
TITLE	PDT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALDWELL, ROLAND G JR.		NAME		
STREET ADDRESS	3320 HARDEE DR		STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL 34292		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, WILLIAMS		NAME		
STREET ADDRESS	7239 HAWKINS RD		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34241		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHITTOCK, D B		NAME		
STREET ADDRESS	19625 CATS DEN RD		STREET ADDRESS		
CITY-ST-ZIP	CHAGRIN FALLS, OH 44023		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBER, EMMETT V		NAME		
STREET ADDRESS	3411 BAYOU SOUND		STREET ADDRESS		
CITY-ST-ZIP	LONGBOAT KEY, FL		CITY-ST-ZIP		
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: _____			Roland G. Caldwell, Jr., President		01/15/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		941-493-3600
					Daytime Phone #

60007478



01052006 Chg-P CR2E034 (11/05)

4. FEI Number
59-2464979

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required