


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 19, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # K87900**  
 1. Entity Name  
 C AND C POWER LINE, INC.



Principal Place of Business: 12035 PALM LAKE DRIVE, JACKSONVILLE, FL 32218  
 Mailing Address: PO BOX 26100, JACKSONVILLE, FL 32226-6100 US

**DO NOT WRITE IN THIS SPACE**



02242005 No Chg-P CR2E034 (10/03)

4. FEI Number: 59-2948723  
 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 GOFF, EARSEL B  
 430 GARDEN LN  
 ATLANTIC BCH, FL 32233

**DO NOT WRITE IN THIS SPACE**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE: V NAME: THOMAS, DENNIS R. STREET ADDRESS: 2530 HIGHSMITH LANDING LANE CITY-ST-ZIP: JACKSONVILLE, FL 32226	<p>100000270376 03/21/05-80004-022 158.75</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
TITLE: ST NAME: YOUNG, ROBERT M STREET ADDRESS: 1588 CHELSEA PL. CITY-ST-ZIP: ORANGE PARK, FL 32073	
TITLE: P NAME: GOFF, EARSEL B STREET ADDRESS: 430 GARDEN LN CITY-ST-ZIP: ATLANTIC BCH, FL 32233	
TITLE: V NAME: CHITTY, CHARLES U JR. STREET ADDRESS: 14800 EDWARDS CREEK RD. CITY-ST-ZIP: JACKSONVILLE, FL 32226	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Earasel B Goff EARSEL B GOFF 3-17-05 704-751-6020  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT Date Daytime Phone #