


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 08, 2008 8:00 am**  
**Secretary of State**

02-08-2008 90042 003 \*\*\*158.75

DOCUMENT # K87900 1. Entity Name C AND C POWER LINE, INC.	
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Principal Place of Business 12035 PALM LAKE DRIVE JACKSONVILLE, FL 32218	Mailing Address PO BOX 26100 JACKSONVILLE, FL 32226-6100 US
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**40021398**



01302008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2948723	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 THOMAS, DENNIS R  
~~2530 HIGHSMITH LANDING LN~~ *813 Cedar Bay Road*  
 JACKSONVILLE, FL ~~32226~~ *32218*

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V THOMAS, DENNIS R. 2530 HIGHSMITH LANDING LANE JACKSONVILLE, FL 32226
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST YOUNG, ROBERT M 1588 CHELSEA PL. ORANGE PARK, FL 32073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOFF, EARSEL B 430 GARDEN LN ATLANTIC BCH, FL 32233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHITTY, CHARLES U JR. 14800 EDWARDS CREEK RD. JACKSONVILLE, FL 32226
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: *Dennis R. Thomas* *1/31/08* *(904) 751-6020*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*Dennis R. Thomas, Executive Vice President*