

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000036638

Entity Name: C & G EXXON, INC.

FILED
May 02, 2007
Secretary of State

Current Principal Place of Business:

3334 15TH AVE SOUTH
SAINT PETERSBURG, FL 33712

New Principal Place of Business:

Current Mailing Address:

4378 PARK BLVD
PINELLAS PARK, FL 33781

New Mailing Address:

FEI Number: 03-0421619

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CYRKOT, PETER
3334 15TH AVE SOUTH
ST PETERSBURG, FL 33705 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CYRKOT, PETER
Address: 5125 34TH AVENUE N
City-St-Zip: SAINT PETERSBURG, FL 33710

Title: V () Delete
Name: GRABKA, ZDZISLAWA
Address: 5125 34TH AVENUE N
City-St-Zip: SAINT PETERSBURG, FL 33710

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PETER CYRKOT

P

05/02/2007

Electronic Signature of Signing Officer or Director

_____ Date