2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 09, 2005 8:00 am **Secretary of State** DOCUMENT # P04000076074 1. Entity Name 03-09-2005 90033 048 ***150.00 C & G OPERATIONS, INC. Principal Place of Business Mailing Address 85357 WINONA BAYVIEW RD 85357 WINONA BAYVIEW RD YULEE FL 32097 **YULEE FL 32097** 3. Mailing Address Principal Place of Business 5255 KOSÉ MARLELLA 85255 Kosé Marjélld Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) ulce City & State 4. FEI Number 20-1129008 Applied For Çity & Ştate ec ✓ Not Applicable Country Country. \$8.75 Additional 5. Certificate of Status Desired 32097 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ATHERINE ALLIGOOD, CATHERINE Street Address (P.O. Box Number is Not Acceptable) 85357 WINONA BAYVIEW RD YULEE FL 32097 Zip Code 3 2 0 9 7 City 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 . Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PDST PDST TITLE Change TITLE Addition ☐ Delete ALLIGOOD, CATHERINE RA 85255 RUSE MARIE RA ALLIGOOD, CATHERINE NAME NAME 85357 WINONA BAYVIEW RD STREET ADDRESS STREET ADDRESS Yulee, FL 32097 CITY-ST-ZIP YULEE FL 32097 CITY-ST-ZIP 1) Change ☐ Delete ☐ Addition ALLIGOOD, Theodore G. 85255 ROSE MARIE Rd. ALLIGOOD, THEODORE G NAME NAME STREET ADDRESS 85357 WINONA BAYVIEW RD STREET ADDRESS YULEE FL 32097 CITY-ST-ZIP CITY-ST-ZIP TITLE ... - Delete ☐ Change TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE ☐ Delete TIT) F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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)(i), 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.

ATHERINE ALLIGOOD PD 5.7

GNATURE: O WALLOW DIE ARCHED

SIGNATURE: Z

FILED