


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90169 020 \*\*\*150.00

|  |   |                                       |   |   |  |
|--|---|---------------------------------------|---|---|--|
| <b>DOCUMENT # 140633</b><br>1. Entity Name<br><b>C &amp; P, INC.</b>   |   |                                       |   |  |  |
| Principal Place of Business<br><b>1104 HOLLY LANE<br/>JACKSONVILLE FL 32207</b>  |   |                                       | Mailing Address<br><b>1104 HOLLY LANE<br/>JACKSONVILLE FL 32207</b>   |   |  |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address                    |   |   |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.                   |   |   |  |
| City & State   |   | City & State                          |   | 4. FEI Number <b>59-6075831</b>   |  |
| Zip  |   | Country                               |   | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   | <b>\$8.75 Additional Fee Required</b> |   |   |  |
| 6. Name and Address of Current Registered Agent  |   |                                       | 7. Name and Address of New Registered Agent   |   |  |
| <b>CARANTZAS, KATHERINE N.<br/>1104 HOLLY LANE<br/>JACKSONVILLE FL 32207</b>   |   |                                       | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City  |   |  |
|  |   |                                       | <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |   |                                       |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>  |   |                                       | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |  |
| 10. OFFICERS AND DIRECTORS   |   |                                       | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST-ZIP   | <b>P</b><br><b>CARANTZAS, KATHERINE N</b><br><b>1104 HOLLY LANE</b><br><b>JACKSONVILLE FL 32207</b> <input type="checkbox"/> Delete |                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST-ZIP   | <b>VP</b><br><b>SARRIS, TINA C</b><br><b>1504 KINGSWOOD RD</b><br><b>JACKSONVILLE FL 32207</b> <input type="checkbox"/> Delete      |                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST-ZIP   | <b>ST</b><br><b>CARANTZAS, MARIA C</b><br><b>1104 HOLLY LN</b><br><b>JACKSONVILLE FL 32207</b> <input type="checkbox"/> Delete      |                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST-ZIP   | <input type="checkbox"/> Delete   |                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST-ZIP   | <input type="checkbox"/> Delete   |                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST-ZIP   | <input type="checkbox"/> Delete   |                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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. |   |                                       |   |   |  |
| <b>SIGNATURE:</b> <i>Katherine N. Carantz</i> <b>Katherine N. Carantz</b>  |   |                                       | <b>1-22-07</b> <b>9043984677</b>  |   |  |