2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # 140633

1. Entity Name
C & P, INC.

Principal Place of Business	Mailing Address
1104 HOLLY LANE JACKSONVILLE, FL 32207	1104 HOLLY LANE JACKSONVILLE, FL 32207

01052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-6075831
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CARANTZAS, KATHERINE N.
1104 HOLLY LANE
JACKSONVILLE, FL 32207

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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: Katherine Carantzas DATE: 1-28-08
Signature of new 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, 2008 Fee will be $550.00

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

000000814973
02/13/08-80042-002 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CARANTZAS, KATHERINE N
STREET ADDRESS	1104 HOLLY LANE
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	VP
NAME	SARRIS, TINA C
STREET ADDRESS	1504 KINGSWOOD RD
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	ST
NAME	CARANTZAS, MARIA C
STREET ADDRESS	1104 HOLLY LN
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Katherine Carantzas 1-28-08 904 398-4677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #