

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90019 011 ***150.00

DOCUMENT # 156459	
1. Entity Name C & E CORPORATION	

Principal Place of Business 1708 N E 12TH AVE OCALA FL 34470 US	Mailing Address 1708 N E 12TH AVE OCALA FL 34470 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/07)

4. FEI Number 59-0590942	Applied For ☐	Not Applicable ☐
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CHAZAL, JOHN P 122 SE WENONA AVE OCALA FL 34471	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	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 _____
Sign here, typed or printed name of registered agent and date. If NONE Registered Agent signature required when submitting. DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
P LONG, DANIEL 3260 SE 49TH PLACE OCALA FL 34480	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
V CHAZAL, PETER A JR 2322 NE 19TH AVE OCALA FL 34470	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
S CHAZAL, JOHN P 122 SE WENONA AVE OCALA FL 34471	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Delete
T LONG, BARBARA 3260 SE 49TH PLACE OCALA FL 34480	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
S & T CHAZAL, JOHN P 122 SE WENONA AVE OCALA FL 34471	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 which I am empowered.

SIGNATURE: JOHN P CHAZAL **1/29/08 3526227852**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Document Number