

FILED
Jun 17, 2004 8:00 am
Secretary of State

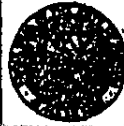
5/

05-03-2004 91227 019 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 253946

1. Entity Name
C & C TRACTOR, INC.



Principal Place of Business
451 EAST GRAVES AVENUE
ORANGE CITY, FL 32763 US

Mailing Address
451 EAST GRAVES AVENUE
ORANGE CITY, FL 32763 US

66428422



05272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0940912 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DEMPSEY, DONALD B
451 EAST GRAVES AVENUE
ORANGE CITY, FL 32763

DO NOT WRITE
IN THIS SPACE

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 of person named in Block 6 or registered agent and the applicable

(NOTE: Registered Agent signature required when changing)

DATE

FILE NOW!!! FEE is \$550.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May 8:
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME MILLARD, RONDA S
STREET ADDRESS 451 EAST GRAVES AVENUE
CITY-ST-ZIP ORANGE CITY, FL 32763

TITLE ST
NAME MILLARD, RONDA S
STREET ADDRESS 451 EAST GRAVES AVENUE
CITY-ST-ZIP ORANGE CITY, FL 32763

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE:

Ronda S. Millard 6/14/04 38 734-5566

SIGNATURES AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

DATE

Daytime Phone