## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE

## Apr 22, 2005 8:00 am Secretary of State **DOCUMENT # 303109** 1. Entity Name 04-22-2005 90309 034 \*\*\*150.00 C & C ENVIRO, INC. Principal Place of Business Mailing Address 5915 CHERRY RD 5915 CHERRY RD SEBRING FL 33875 SEBRING FL 33875 3. Mailing Address 2. Principal Place of Business 5915 CHERK Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) City & State Applied For City & State 4. FEI Number 59-1141157 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired 16MAUDS Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CARPER, LARRY L Street Address (P.O. Box Number is Not Acceptable) 5915 CHERRY RD SEBRING FL 33875 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 of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FEE IS \$150.00 --\$5.00 May Be 9.º Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 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 TITLE ☐ Delete TITLE Change ■ Addition CARPER, LARRY L NAME NAME 5915 CHERRY RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SEBRING FL 33875 CITY-ST-ZIP TITLE Delete DILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change TITLE ☐ Delete TITLE ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP TITLE ☐ Delete Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP ☐ Delete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 1 made under oath; that I am an officer or director of the corporation or the receiver or trustee employeed 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.

FILED