

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90026 043 ****61.25



DOCUMENT # 706139

1. Entity Name

C. C., INC.

Principal Place of Business

2011 GULF SHORE BLVD NO
NAPLES FL 34102
US

Mailing Address

2011 GULF SHORE BLVD NO
NAPLES FL 34102
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1052201

Applied For

Not Applicable

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAZEN, W RICHARD
2011 GULF SHORE BLVD N APT 52
NAPLES FL 34102

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

W. Richard Hazen

W. RICHARD HAZEN

3/30/06

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------------|--|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MCDOWELL, BOYD | |
| STREET ADDRESS | 2011 GULF SHORE BLVD APT 54 | |
| CITY-ST-ZIP | NAPLES FL 34102 | |
| TITLE | VP | <input checked="" type="checkbox"/> Delete |
| NAME | TIGERT, DONALD | |
| STREET ADDRESS | 2011 GULF SHORE BLVD NO | |
| CITY-ST-ZIP | NAPLES FL 34102 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | KASSER, VIC | |
| STREET ADDRESS | 2011 N GULF SHORE BLVD | |
| CITY-ST-ZIP | NAPLES FL 34102 | |
| TITLE | T | <input checked="" type="checkbox"/> Delete |
| NAME | BUSHNELL, JOHN | |
| STREET ADDRESS | 2011 N GULF SHORE BLVD | |
| CITY-ST-ZIP | NAPLES FL 34102 | |
| TITLE | P D | <input type="checkbox"/> Delete |
| NAME | HAZEN, RICHARD | |
| STREET ADDRESS | 2011 GULF SHORE BLVD NO | |
| CITY-ST-ZIP | NAPLES FL 34102 | |
| TITLE | V D | <input type="checkbox"/> Delete |
| NAME | MARTINI, LOUIS | |
| STREET ADDRESS | 2011 N GULF SHORE BLVD | |
| CITY-ST-ZIP | NAPLES FL 34102 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-------------------------------|--|
| TITLE | T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | McDowell, Boyd | |
| STREET ADDRESS | 2011 Gulf Shore Blvd Apt 54 | |
| CITY-ST-ZIP | NAPLES FL 34102 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Reardon, Ashby | |
| STREET ADDRESS | 2011 Gulf Shore Blvd N Apt 44 | |
| CITY-ST-ZIP | NAPLES FL 34102 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | VP D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Martini, Louis | |
| STREET ADDRESS | 2011 Gulf Shore Blvd N Apt 55 | |
| CITY-ST-ZIP | NAPLES, FL 34102 | |

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 617, 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:

W. Richard Hazen

W. RICHARD HAZEN

3/30/06

789-430-3634

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #