


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90065 050 \*\*\*\*61.25

<b>DOCUMENT # 706139</b>			
1. Entity Name <b>C. C., INC.</b>			
Principal Place of Business <b>2011 GULF SHORE BLVD NO NAPLES FL 34102 US</b>		Mailing Address <b>2011 GULF SHORE BLVD NO NAPLES FL 34102 US</b>	
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/06)

6. Name and Address of Current Registered Agent  <b>HAZEN, W RICHARD 2011 GULF SHORE BLVD N APT 52 NAPLES FL 34102</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 *W. Richard Hazen*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when renewing)

*3-8-2007*  
DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
T NAME MCDOWELL, BOYD STREET ADDRESS 2011 GULF SHORE BLVD APT 54 CITY ST ZIP NAPLES FL 34102	<input type="checkbox"/> Delete	VPD NAME MCDowell, Boyd STREET ADDRESS 2011 Gulf Shore Blvd N. Apt. 54 CITY ST ZIP Naples FL 34102	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D NAME REARDON, ASHBY STREET ADDRESS 2011 GULF SHORE BLVD N APT 44 CITY ST ZIP NAPLES FL 34102	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
D NAME KASSER, VIC STREET ADDRESS 2011 N GULF SHORE BLVD CITY ST ZIP NAPLES FL 34102	<input type="checkbox"/> Delete	PD NAME Kasser, Vic STREET ADDRESS 2011 Gulf Shore Blvd. N Apt. 14 CITY ST ZIP Naples FL 34102	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
P D NAME HAZEN, RICHARD STREET ADDRESS 2011 GULF SHORE BLVD NO CITY ST ZIP NAPLES FL 34102	<input type="checkbox"/> Delete	TD NAME HAZEN, Richard STREET ADDRESS 2011 Gulf Shore Blvd. N Apt. 52 CITY ST ZIP Naples FL 34102	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
VPD NAME MARTINI, LOUIS STREET ADDRESS 2011 GULF SHORE BLVD N APT 55 CITY ST ZIP NAPLES FL 34102	<input type="checkbox"/> Delete	D NAME Martini, Louis STREET ADDRESS 2011 Gulf Shore Blvd. N Apt. 55 CITY ST ZIP Naples FL 34102	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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 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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/8/2007* 239-430-3634  
Date Daytime Phone #