

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000004447

Entity Name: C&C SHORELANDS, INC.

FILED  
Feb 24, 2009  
Secretary of State

## Current Principal Place of Business:

436A MONTAUK HWY  
EAST QUOGUE, NY 11942

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 3042  
EAST QUOGUE, NY 11942

## New Mailing Address:

1144 OLD WHITE PLAINS RD.  
MAMARONECK, NY 10543

FEI Number: 11-2676455

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GAUTIER, RUSSELL D ESQ  
2010 DELTA BLVD  
TALLAHASSEE, FL 32303 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: PARLATO, CAROLYN  
Address: 1144 OLD WHITE PLAINS RD  
City-St-Zip: MAMARONECK, NY 10543

Title: VP ( ) Delete  
Name: PARLATO, CHARLES A  
Address: 1144 OLD WHITE PLAINS RD  
City-St-Zip: MAMARONECK, NY 10543

Title: S ( ) Delete  
Name: BATES, WILLIAM F  
Address: 120 COURT STREET  
City-St-Zip: RIVERHEAD, NY 11901

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLYN S. PARLATO

PRES

02/24/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date