


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # G23867
 1. Entity Name
C & C INTERNATIONAL, INC.



Principal Place of Business
2730 SUNRUNNER LANE
GULF BREEZE, FL 32561 US

Mailing Address
P.O. BOX 464
GULF BREEZE, FL 32562 US



04192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1583843 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MURPHY, CHARLES
2730 SUN RUNNER LANE
GULF BREEZE, FL 32563

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: *Charles Y. Murphy* **CHING Y. MURPHY** 4-18-2004
Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when reissuing) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$350.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

1100000122587
 04/21/04-80034-007 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURPHY, CHARLES 2730 SUNRUNNER LN GULF BREEZE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MURPHY, CHING 2730 SUNRUNNER LN GULF BREEZE, FL
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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)(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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Charles Y. Murphy* **CHING Y. MURPHY** 4-18-2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR Date Daytime Phone #