

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90108 024 \*\*\*158.75

40004753



01092007 Chg-P CR2E034 (12/06)

4. FEI Number **59-2464979** Applied For ☐ Not Applicable ☒

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

**DOCUMENT # H27034**

1. Entity Name  
C/FUNDS GROUP, INC.



Principal Place of Business  
201 CENTER RD.  
SUITE TWO  
VENICE, FL 34285

Mailing Address  
201 CENTER RD.  
SUITE TWO  
VENICE, FL 34285

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

6. Name and Address of Current Registered Agent  
CALDWELL, ROLAND G JR  
201 CENTER RD  
SUITE TWO  
VENICE, FL 34285

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	S	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRASWELL, LYN B		NAME	Chittock, D. Bruce	
STREET ADDRESS	1393 MUSTANG STREET		STREET ADDRESS	19625 Cats Den Road	
CITY-ST-ZIP	NOKOMIS, FL 34275		CITY-ST-ZIP	Chagrin Falls, OH 44023	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PECHEUX, DEBORAH		NAME	Thompson, R. Scott	
STREET ADDRESS	1911 OAKHURST PARKWAY		STREET ADDRESS	525 Bayview Parkway	
CITY-ST-ZIP	SUGARLAND, TX 77479		CITY-ST-ZIP	Nokomis, FL 34275	
TITLE	PDT	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CALDWELL, ROLAND G JR.		NAME	Woods, James R.	
STREET ADDRESS	3320 HARDEE DR		STREET ADDRESS	609 Madrid Avenue	
CITY-ST-ZIP	VENICE, FL 34292		CITY-ST-ZIP	Venice, FL 34285-1315	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** **Roland G. Caldwell, Jr., President** 01/17/07 **941-493-3600**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #