2004 FOR PROFIT CORPORATION

FILED Feb 11, 2004 08:00 AM

_	ANNUALI	REPORT	ng di kan sampungga				of Stoffa
DOCUMENT # H47965					Sec	ci etai y	of State
1. Enlity Name C & C EQUIPMENT SALES & REPAIRS, INC.							
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Principal Plac	e of Business	Mailing Address				•	. –
12035 PALM LAKE DR. 12035 PALM LAKE DR.					•		
P.O. BOX 26213 P.O. BOX 26213 P.O. BOX 26213 JAX, FL 32218 JAX, FL 32226		P.O. BOX 26213 JAX, FL 32226 US	-	4 19			77 STMII STRAIST MANN
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L	ONOI WHILE	IN INIS SPA	CE	4. FEI Number 59-250			Applied For Not Applicable
ţ					of Status Desired		.75 Additional
	6. Name and Address of Current Re	gistered Agent				/ Fee	Required
CUITTY A			1 30,05-7	D	NOT M	: 340° 3 min juni	
CHITTY, AMELIA 14800 EDWARDS CREEK ROAD N.			DO NOT WRITE				
JACKSONVILLE, FL 32226				IN 7	THIS SF	PACE	
	e named entity submits this statement for th	e purpose of changing its register	red office or re	gistered agent, or bo	th, in the State of Fi	orida. I am famil	liar with, and accept
the obligat	tions of registered agent.				. i		-
SIGNATURE.	Signature, typed or printed name of registered agent and	tate if applicable. (NOTE, Register)	ed Agent aignature r	ednited wyeu terustration)		DATE	
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Final				\$5.00 May Be			:
After M	ay 1, 2004 Fee will be \$550.00	Trust Fund Contribution	. 🗆	Added to Fees	02/11/04	-80072-0;	21 158.75
10.	OFFICERS AND DI	RECTORS	1	·			
TITLE NAME	D CHITTY, CHARLES U. JR.		İ .	,	•		
STREET ADDRESS CITY-ST-ZIP	14800 EDWARD CRK. RD N. JACKSONVILLE, FL	· -	-1				
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NAME STREET ADDRESS	CHITTY, AMELIA 14800 EDWARD CRK, RD N.		i				
CITY-ST-ZIP	JACKSONVILLE, FL				= ····		
TITLE NAME			1				
STREET ADDRESS			į	DO	NOT W	PITE	
CITY-ST-ZIP			DO NOT WRITE				
TITLE NAME			IN THIS SPACE				
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NAME STREET ADDRESS			1				
CITY-ST-ZIP	1:5 m = _ reference_;	a					
TITLE							

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 oalth; that I am an officer or director of the corporation or the receiver or busine 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 attachnique with an address, with all other like empowered.

Charles u.Chity, Jr.

SIGNATURE:

| Charles u.Chity, Jr. | 2/10/04 (904) 751-6000

NAME STREET ADDRESS CITY-ST-ZIP

IGNING OFFICER OR DIRECTOR