

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # H47965

1. Entity Name
C & C EQUIPMENT SALES & REPAIRS, INC.



Principal Place of Business

12035 PALM LAKE DR.
 P.O. BOX 26213
 JAX, FL 32218

Mailing Address

12035 PALM LAKE DR.
 P.O. BOX 26213
 JAX, FL 32226 US



01122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-2502654 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CHITTY, AMELIA
 14800 EDWARDS CREEK ROAD N.
 JACKSONVILLE, FL 32226

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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 _____

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, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

| | |
|----------------|-------------------------|
| TITLE | D |
| NAME | CHITTY, CHARLES U. JR. |
| STREET ADDRESS | 14800 EDWARD CRK. RD N. |
| CITY-ST-ZIP | JACKSONVILLE, FL |
| TITLE | ST |
| NAME | CHITTY, AMELIA |
| STREET ADDRESS | 14800 EDWARD CRK. RD N. |
| CITY-ST-ZIP | JACKSONVILLE, FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

000000410032
 02/09/06-80020-002 158.75

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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 names empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/2006 (904) 751-6020

Date

Daytime Phone #