

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 06, 2007 08:00 A
Secretary of State

DOCUMENT # H92351

1. Entity Name
2C, INC.



Principal Place of Business
85 N. CENTRAL AVENUE
UMATILLA, FL 32784

Mailing Address
P.O. BOX 1290
UMATILLA, FL 32784



09042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2618812	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

HATFIELD, MICHAEL H
85 NORTH CENTRAL AVENUE
UMATILLA, FL 32784

**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

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
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	HATFIELD, MICHAEL H
STREET ADDRESS	149 N KENTUCKY AVE
CITY-ST-ZIP	UMATILLA, FL 32784

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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09/06/07-80005-016 150.00

**DO NOT WRITE
IN THIS SPACE**

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, which is otherwise empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL H. HATFIELD

9-4-07

Date

352 669-2131

Daytime Phone #