


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # J11817 1. Entity Name C & C POWER TOOLS, INC.	
---	---

Principal Place of Business 856 MASON AVENUE DAYTONA BEACH, FL 32117	Mailing Address 856 MASON AVENUE DAYTONA BEACH, FL 32117
--	--



04132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2683933	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--

6. Name and Address of Current Registered Agent

JANICE L & JOHN A WILBANKS
55 SPINNAKER CIR
S. DAYTONA, FL 32119

**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 _____ (NOTE: Registered Agent signature required when re-instating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WILBANKS, JOHN A
STREET ADDRESS	55 SPINNAKER CIR
CITY-ST-ZIP	SOUTH DAYTONA, FL 32119
TITLE	ST
NAME	WILBANKS, JANICE L
STREET ADDRESS	55 SPINNAKER CIRCLE
CITY-ST-ZIP	S DAYTONA, FL 32119
TITLE	D
NAME	CARTER, ALTHEA D
STREET ADDRESS	913 DUNCAN RD
CITY-ST-ZIP	DAYTONA BCH, FL 32119
TITLE	VP
NAME	WILBANKS, SHELBY A
STREET ADDRESS	1217 10TH ST
CITY-ST-ZIP	HOLLY HILL, FL 32117
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000312921
04/18/05-80104-009 150.00

**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: Janice L. Wilbanks JANICE L. WILBANKS 4/15/05 386-353-5815
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #