2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # J11817

1. Entity Name
C & C POWER TOOLS, INC.

Principal Place of Business	Mailing Address
859 MASON AVENUE DAYTONA BEACH, FL 32117	859 MASON AVENUE DAYTONA BEACH, FL 32117

DO NOT WRITE IN THIS SPACE

04092008 No Chg-P CR2E034 (11/05)

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

5. Certificate of Status Desired ☐ **$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

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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, 2008 Fee will be $550.00

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

000000894170
04/24/08-80017-011 150.00

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	

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, with all other like empowered.

SIGNATURE: Janice L Wilbanks JANICE L. WILBANKS 4/9/08 386-253-5815
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #