2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J11817

FILED Apr 27, 2009 Secretary of State

Entity Na	me: C&CF	OWER TOOLS, INC.				_	
Current Principal Place of Business:				New Principal Place of Business:			
	N AVENUE A BEACH, FL	32117					
Current Mailing Address:				New Mailing Address:			
	N AVENUE A BEACH, FL	32117					
FEI Number	: 59-2683933	FEI Number Applied Fo	r() FEI Nu	ımber Not Appl	icable ()	Certificate of Status Desired (()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
55 SPINN/ S. DAYTO The above	NA, FL 3211 named entity of Florida.	9 US	or the purpose	of changing i	ts registere	ed office or registered agent, or	both,
		onic Signature of Registe	red Agent			Date	
Election Ca	mpaign Financi	ng Trust Fund Contribution	().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	WILBANKS, 3 55 SPINNAKE			Title: Name: Address: City-St-Zip:	P WILBANKS 55 SPINNA SOUTH DA		
Title: Name: Address: City-St-Zip:	WILBANKS, 3	ER CIRCLE		Title: Name: Address: City-St-Zip:		(X) Change()Addition ;, JANICE L KER CIRCLE YTONA, FL 32119	
Title [.]	D () Delete		Title [.]	D	(X) Change () Addition	

City-St-Zip: DAYTONA BCH, FL 32119

Title: VP () Delete
Name: WILBANKS, SHELBY A
Address: 1217 10TH ST
City-St-Zip: HOLLY HILL, FL 32117

CARTER, ALTHEA D

913 DUNCAN RD

Name:

Address:

Title: () Change () Addition Name:

SOUTH DAYTONA, FL 32119

CARTER, ALTHEA D

913 DUNCAN RD

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

Address:

City-St-Zip:

City-St-Zip:

SIGNATURE: JANICE L. WILBANKS ST 04/27/2009