### 2008 FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT # J72568

1. Entity Name

C & C & SONS ENTERPRISES, INC.



Principal Place of Business

C/O CHARLES E. RICHARDSON 6308 ANGUS DR LAKELAND, FL 33810 US Mailing Address

C/O CHARLES E. RICHARDSON 6308 ANGUS DR LAKELAND, FL 33810 US FILED Feb 29, 2008 08:00 AN Secretary of State

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02082008 No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2810010

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RICHARDSON, CHARLES E 6308 ANGUS DR. LAKELAND, FL 33809

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the obligat	tions of registered agent.				
SIGNATURE.	Signature, typed or printed name of registered agent and title	il applicable (NOTE: Registered Agent	signature	a required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution,		\$5.00 May Be Added to Fees	U000008434[7 03/11/08-80069-005 150.00
10.	OFFICERS AND DIREC	CTORS		······	
TITLE	D				
NAME	RICHARDSON, CHARLES E.				
STREET ADDRESS	6308 ANGUS DR	ı			
CITY-ST-ZIP	LAKELAND, FL 33810				
TITLE					
NAME		4			
STREET ADDRESS					
CITY-ST-ZIP					

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

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12. Thereby 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:

TITLE NAME STREET ADDRESS

TITLE
NAME
STREET ADDRESS
CITY-S1-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

\_\_\_\_

2-26-08

Daytme Phone #