

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 08, 2005 8:00 am
Secretary of State

08-08-2005 90150 005 ****55.00

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1. Entity Name
C&C LAND LLC



Principal Place of Business
P.O. BOX 529
APOPKA, FL 32704 US

Mailing Address
P.O. BOX 529
APOPKA, FL 32704 US

20066410



2. Principal Place of Business
1120 N. Shore Dr NE
Suite, Apt. #, etc.
#405

3. Mailing Address
1120 N. Shore Dr NE
Suite, Apt. #, etc.
#405

08042005 Chg-LLC CR2E083 (10/03)

City & State
ST Petersburg, FL
Zip
33701
Country
USA

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ST Petersburg, FL
Zip
33701
Country
USA

4. FEI Number
EIN 72-1592980
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name
Charles W Johnson
Street Address (P.O. Box Number is Not Acceptable)
1120 N. Shore Dr NE #405
City
ST Petersburg FL Zip Code
33701

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 Charles W Johnson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

Filing Fee is \$50.00
Due by September 7, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
MGRM
JOHNSON, CHARLES W
STREET ADDRESS
1540 WHISNAND ROAD
CITY-ST-ZIP
BLOOMINGTON, IN 47408 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Charles W Johnson
1120 N. Shore Dr NE #405
ST Petersburg, FL 33701 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
~~Chizuko Johnson~~
~~1120~~ ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary
CHIZUKO JOHNSON
1120 N. Shore Dr NE #405
ST Petersburg, FL 33701 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Charles W Johnson Charles W Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

8-4-05 727-898-9870

Date

Daytime Phone #