

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 08, 2008 08:00 AM
Secretary of State

DOCUMENT # L70867

1. Entity Name
C/C AND ASSOCIATES INC.



Principal Place of Business
**323 S. MARION AVE.
LAKE CITY, FL 32025 US**

Mailing Address
**323 S. MARION AVE.
LAKE CITY, FL 32025 US**



01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3006221

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CROWETZ, IRVING H.
323 S. MARION AVE.
LAKE CITY, FL 32025**

**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

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

IRVING H. CROWETZ

(NOTE: Registered Agent signature required when reinstating)

DATE

1-4-08

**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**

U000000775826
01/08/08-80045-010 158.75

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CROWETZ, IRVING H
STREET ADDRESS	323 S. MARION AVE.
CITY-ST-ZIP	LAKE CITY, FL
TITLE	D
NAME	CROWETZ, ETHEL A
STREET ADDRESS	2174 NW COMBS TERR.
CITY-ST-ZIP	LAKE CITY, FL 32055
TITLE	D
NAME	CROWETZ, ALAN
STREET ADDRESS	1332 FL MANGO
CITY-ST-ZIP	WEST PALM BEACH, FL 33406
TITLE	D
NAME	CROWETZ, ROBERT
STREET ADDRESS	15321 60TH STREET
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33470
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:

(Signature)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IRVING H. CROWETZ

Date

1/4/08

Daytime Phone #

356-255-3476