


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007 08:00 A
Secretary of State

DOCUMENT # M68458 1. Entity Name THREE "C" SERVICES, INC.	
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Principal Place of Business 1400 CATTLEMEN RD. SARASOTA, FL 34232	Mailing Address P. O. BOX 18537 SARASOTA, FL 34276-1537
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04252007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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4. FEI Number 65-0096781	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CLARKE, CRAIG C. 1400 CATTLEMEN RD. SARASOTA, FL 34232 SARASOTA, FL 34232

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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, 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, 2007 Fee will be \$550.00

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

000000730809
05/08/07-80069-017 300.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARKE, CRAIG C. 1400 CATTLEMEN RD. SARASOTA, FL 34232
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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 powers like empowered.

SIGNATURE:  Craig C. Clarke, President 04-27-07 941-366-4761
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #