



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000012305		
1. Entity Name CCE SERVICES, INC.		
Principal Place of Business 13933 LYNMAR BLVD TAMPA, FL 33626	Mailing Address 13933 LYNMAR BLVD TAMPA, FL 33626	 01242007 No Chg-P CR2E034 (11/05)
DO NOT WRITE IN THIS SPACE		
DO NOT WRITE IN THIS SPACE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Name and Address of Current Registered Agent BIRON, SCOTT 13933 LYNMAR BLVD TAMPA, FL 33626
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 _____ <small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE 000000608722 02/01/07-80022-004 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BIRON, SCOTT 13933 LYNMAR BLVD. TAMPA, FL 33626	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V LANKFORD, PAUL 13933 LYNMAR BLVD. TAMPA, FL 33626	
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date _____ Daytime Phone # _____		