

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90049 001 ***150.00

DOCUMENT # P00000015189

1. Entity Name

C & C CONTRACTING SERVICE INC.



Principal Place of Business

6751 NALLEGRADE RD.
N. FT. MYERS FL 33917

Mailing Address

6751 NALLEGRADE RD.
N. FT. MYERS FL 33917

2. Principal Place of Business

3. Mailing Address

4201 SILVER SWORD CT
Suite, Apt. #, etc.

4201 SILVER SWORD CT
Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/04)

City & State

N. FT. MYERS, FL

City & State

N. FT. MYERS, FL

4. FEI Number

65-0977940

Applied For

Not Applicable

Zip

33903

Country

LOB

Zip

33903

Country

LOB

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAMPBELL, DONNA K
6751 NALLEGRADE RD.
N. FT. MYERS FL 33917

Name

DON CAMPBELL JR.

Street Address (P.O. Box Number is Not Acceptable)

4201 SILVER SWORD CT.

City

N. FT. MYERS

FL

Zip Code

33903

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]

DON CAMPBELL PRES.

2-5-05

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, 2005, Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME CAMPBELL, DONALD D JR
STREET ADDRESS 6751 NALLE GRADE RD
CITY-ST-ZIP N. FT MYERS FL 33917

TITLE VP ☒ Delete
NAME CAMPBELL, DONNA K
STREET ADDRESS 6751 NALLE GRADE RD
CITY-ST-ZIP N. FT MYERS FL 33917

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP

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

12. 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 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]

DON CAMPBELL PRES.

239-980-2279

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #