

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90021 008 ***150.00

DOCUMENT # P00000015189 1. Entity Name C & C CONTRACTING SERVICE INC.	
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Principal Place of Business 7885 BOGART DR NORTH FORT MYERS, FL 33917	Mailing Address 7885 BOGART DR NORTH FORT MYERS, FL 33917
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DO NOT WRITE IN THIS SPACE

40028093



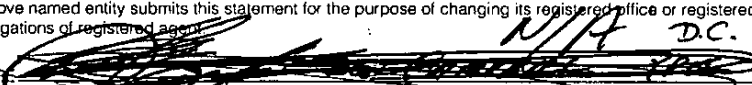
02212007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0977940	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 CAMPBELL, DON JR 1201 SILVERWOOD COURT 2779 BRIDGEWOOD DR NORTH FORT MYERS, FL 33903
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**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:  N/A D.C. 2-23-07

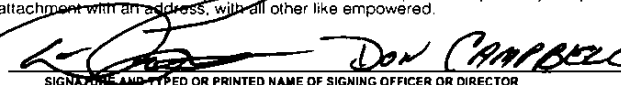
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reappointing) DATE

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAMPBELL, DONALD D JR 6751 NALLE GRADE RD 2779 BRIDGEWOOD DR. N. FT MYERS, FL 33917
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 other like empowered.

SIGNATURE:  DON CAMPBELL 2-23-07 980-2279

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #