

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90110 034 ***150.00

DOCUMENT # P00000040351
 1. Entity Name
 C&C BOBCAT & BACKHOE SERVICE, INC.



Principal Place of Business
 2202 CURRY FORD RD.
 SUITE D
 ORLANDO, FL 32806

Mailing Address
 2202 CURRY FORD RD.
 SUITE D
 ORLANDO, FL 32806

14016567



2. Principal Place of Business
 2238 Winterwoods Blvd
 Suite, Apt. #, etc.

3. Mailing Address
 ← same
 ← same

04282005 Chg-P CR2E034 (10/03)

City & State
 Winter Park, FL

City & State
 ← same

4. FEI Number
 59-3644590

Applied For
 Not Applicable

Zip
 32792

Country
 USA

Zip
 ← same

Country
 ← same

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

6. Name and Address of Current Registered Agent
 COUCH, THOMAS J SR
 30335 RAINEY ROAD
 SORRENTO, FL 32776

7. Name and Address of New Registered Agent

Name

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

City

FL Zip Code

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.

Thomas J Couch
 SIGNATURE

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

4-28-05
 DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP COUCH, THOMAS J SR 30335 RAINEY ROAD SORRENTO, FL 32776 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 filers empowered.

Thomas J Couch
 SIGNATURE

4-28-05
 DATE

(10)8988108
 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR