

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 8:00 am
Secretary of State

03-05-2004 90019 026 ***150.00

DOCUMENT # P00000088497

1. Entity Name
C.C.T.C., INC.



Principal Place of Business
1800 PEMBROOK DR, STE 300
ORLANDO, FL 32810

Mailing Address
200 E ROBINSON ST, STE 500
ORLANDO, FL 32801

94025075



2. Principal Place of Business

3. Mailing Address

20 N ORANGE AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 407

City & State

City & State

01132004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-3673689

Applied For

Not Applicable

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

HENDRY, STONER, DELANCETT & BROWN, P.A.
20 N. ORANGE AVENUE
ORLANDO, FL 32801

Name

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

Suite 407

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.

SIGNATURE: *[Signature]* 2/11/04

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: PSD ☐ Delete
NAME: LUCIANO, EVELYN M
STREET ADDRESS: 843 ASHBROOK COURT
CITY-ST-ZIP: HEATHROW, FL 32746

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: *Evelyn M. Luciano-Carter* ☒ Change ☐ Addition
NAME: *Evelyn M. Luciano-Carter*
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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

TITLE: ☐ Delete
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TITLE: ☐ Change ☐ Addition
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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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/04
Date

407.467.3447
Daytime Phone #