

FILED
Jan 17, 2006 08:00 AM
Secretary of State

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P00000109267			
1. Entity Name C & C CUSTOM CASEWORK OF CENTRAL FLORIDA, INC.			
Principal Place of Business 2340 W AIRPORT BLVD SANFORD, FL 32771	Mailing Address 2340 W AIRPORT BLVD SANFORD, FL 32771		
DO NOT WRITE IN THIS SPACE			
		01092006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-3685493	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			
CRIBBS, ROBERT 2340 N AIRPORT BLVD SANFORD, FL 32771		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 U00000386548 01/19/06-80004-003 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CRIBBS, ROBERT 226 19TH STREET WEST SANFORD, FL 32771		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CARDULLO, SCOTT 1575 GARLINGTON AVENUE DELTONA, FL 32725		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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: 		1-14-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Robert Cribbs		Date Daytime Phone #	