

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

(V4728)

**FILED**

**May 14, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000005703**

**1. Entity Name**  
**C & C SIDING, INC.**



**Principal Place of Business**  
**5280 DOUG TAYLOR CIRCLE**  
**UNITS #7 & 8**  
**ST. JAMES CITY, FL 33956**

**Mailing Address**  
**5280 DOUG TAYLOR CIRCLE**  
**UNITS 7 & 8**  
**ST. JAMES CITY, FL 33956**



05022007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**65-1076529**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional**  
**Fee Required**

**8. Name and Address of Current Registered Agent**

**NOLAN, CHRISTOPHER P**  
**5511 S.W. 14TH AVE**  
**CAPE CORAL, FL 33914**

**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:**

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

**5-8-7**  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 14, 2007**

**9. Election Campaign Financing**  
**Trust Fund Contribution.** ☐

**\$5.00 May Be**  
**Added to Fees**

**In accordance with s. 607.193(2)(b), F.S., the**  
**corporation did not receive the prior notice.**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>PD</b>
<b>NAME</b>	<b>NOLAN, COLEEN T</b>
<b>STREET ADDRESS</b>	<b>5511 SW 14TH AVE</b>
<b>CITY-ST-ZIP</b>	<b>CAPE CORAL, FL 33914</b>
<b>TITLE</b>	<b>VPST</b>
<b>NAME</b>	<b>NOLAN, CHRISTOPHER P</b>
<b>STREET ADDRESS</b>	<b>5511 SW 14TH AVE</b>
<b>CITY-ST-ZIP</b>	<b>CAPE CORAL, FL 33914</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
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<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

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05/30/07-80034-016 150.00

**DO NOT WRITE**  
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**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:**

*Coleen T Nolan Coleen T Nolan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5-8-7 239 645-9199**  
Date Daytime Phone #