2006 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P01000022242



FILED Feb 06, 2006 8:00 am Secretary of State

02-06-2006 90064 044 ***150.00

C & L PR		ES, INC												
Principal Plac	e of Busines	s	Mailing Address											
			169 HICKPOCHEE AVE								**			
			LABELLE, FL 33935	LABELLE, FL 33935										
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2. Principal Place of Business 169 W. HICKPOCHEEME 169 W				ICK	POCHE	EAU	'E.							
Suite, Apr. #, etc.			Suite, Apt. #, etc.			01202006 Chg-P CR2E034 (
City & State			City & State			4. FEI Number 65-1084846							plied For t Applicable	
Zip	Zip Counti		Zip	Coun	ntry							8.75 Additional e Required		
	6. Name	and Address of Current F	Registered Agent				7. Name an	d Addre	ss of Nev	v Registe	red Age	nt		
151400 10					Name								ļ	
LEWIS, JOAN 169 HICKPOCHEE AVE LABELLE, FL 33935						Street Address (P.O. Box Number is Not Acceptable)								
LADELLE,	FL 3393	o, }}												
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	named entit	,	the purpose of changing its	register	ed office or	registere	ed agent, or b	oth, in th	e State of	Florida.	am fam	iliar with,	and accept	
SIGNATURE.	· ·	or printed name of registered agent a	d Marie de constante	- Pagistara	d Agent signatur	en von tienel	when reinstating)		. ,)ATE			
	Signature, typed	i or printed name or registered agent a	на нае и аррисавие: (1401)	z. negistere	d Agent agnatur	e required	when remetating)			ь	MIE			
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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.

JOAN LEWES

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

863 475 2353