


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 15, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90258 020 \*\*\*100.00  
06-15-2005 90094 012 \*\*\*450.00

<b>DOCUMENT # P02000093419</b>	
1. Entity Name <b>CNC CORP.</b>	

Principal Place of Business 1913 SW NOTRE DAME AVE PORT SAINT LUCIE, FL 34953	Mailing Address 1913 SW NOTRE DAME AVE PORT SAINT LUCIE, FL 34953
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400000100

2. Principal Place of Business <i>2150 S.W. Biella Ave</i>	3. Mailing Address <i>2150 S.W. Biella Ave</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>PORT ST LUCIE, FL</i>	City & State <i>PORT ST LUCIE, FL</i>
Zip <i>34953</i>	Zip <i>34953</i>
Country	Country

04182005 Chg-P CR2E034 (10/03)

4. FEI Number 45-0486243	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  TAYLOR, BARRY E ESQ 900 E INDIANTOWN ROAD STE 305 JUPITER, FL 33477	
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7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>NEU, CHARLES</b> <b>2922 SW SAVONA BLVD</b> <b>PORT SAINT LUCIE, FL 34984</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CHARLES, JOSEPH</b> <b>2922 SW SAVONA BLVD</b> <b>PORT SAINT LUCIE, FL 34984</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CHAMBERS, NANCY L</b> <b>1913 SW NOTRE DAME AVE</b> <b>PORT ST LUCIE, FL 34956</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>2150 SW Biella Ave</i> <i>PORT ST LUCIE, FL 34953</i>
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Nancy Lee Chambers* **NANCY Lee Chambers** 4/18/05 772-340-5122  
\_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone