

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000125923 1. Entity Name C & C MOBILE SETUP & SERVICE, INC.	
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Principal Place of Business 5702 SCOTT LAKE HILLS LANE LAKELAND, FL 33813 US	Mailing Address 5702 SCOTT LAKE HILLS LANE LAKELAND, FL 33813 US
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04092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 41-2068835	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 MORRIS, CHARLES E JR. 5702 SCOTT LAKE HILLS LANE LAKELAND, FL 33813	DO NOT WRITE IN THIS SPACE
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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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		<p>U000000722601 05/02/07-80037-025 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORRIS, CHARLES E JR. 5702 SCOTT LAKE HILLS LANE LAKELAND, FL 33813	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR MORRIS, CAROL L 5702 SCOTT LAKE HILLS LANE LAKELAND, FL 33813	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MORRIS, STEPHANIE S 5702 SCOTT LAKE HILLS LN LAKELAND, FL 33813	
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: Charles E. Morris, Jr. 04-08-07 863-559-3309
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #