

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000126096

1. Entity Name

C & C ELECTRIC WORKS, INC.



Principal Place of Business

Mailing Address

1386 SARTOGA
DELAND FL 32724

1386 SARTOGA
DELAND FL 32724

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

05-0543296

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOWARD, CHUCK
1386 SARTOGA
DELAND FL 32724

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY- ST- ZIP	P HOWARD, CHUCK 1086 E. WISCONSIN AVE. ORANGE CITY FL 32763	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP HOWARD, CHUCK 1086 E. WISCONSIN AVE. ORANGE CITY FL 32763	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S HOWARD, CHUCK 1086 E. WISCONSIN AVE. ORANGE CITY FL 32763	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T HOWARD, CHUCK 1086 E. WISCONSIN AVE. ORANGE CITY FL 32763	<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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	11000001234337 02/18/05-80017-014 150.00	<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
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-05

Date

586-734-0222

Daytime Phone #