


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 26, 2006 8:00 am**  
**Secretary of State**

01-26-2006 90047 033 \*\*\*150.00

<b>DOCUMENT # P03000026264</b> 1. Entity Name <b>C &amp; C PROPERTIES OF IMMOKALEE, INC.</b>	
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Principal Place of Business <b>301 NORTH 15TH STREET IMMOKALEE, FL 34142</b>	Mailing Address <b>301 NORTH 15TH STREET IMMOKALEE, FL 34142</b>
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01162006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>20-1248746</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>BLOCKER, CURTIS D SR. 301 NORTH 15TH STREET IMMOKALEE, FL 34142</b>
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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: *[Signature]* DATE: 1-16-06

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD BLOCKER, CURTIS D JR. 301 NORTH 15TH STREET IMMOKALEE, FL 34142</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSTD BLOCKER, CURTIS D SR. 301 NORTH 15TH STREET IMMOKALEE, FL 34142</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_