

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 15, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000059784**

1. Entity Name  
**C & C NATIONAL, INC.**



Principal Place of Business  
**1500 UNIVERSITY DRIVE  
SUITE 117  
CORAL SPRINGS, FL 33071**

Mailing Address  
**1500 UNIVERSITY DRIVE  
SUITE 117  
CORAL SPRINGS, FL 33071**



01132006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**56-2365969**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**AVALON, R J  
1500 UNIVERSITY DRIVE  
SUITE 117  
CORAL SPRINGS, FL 33071**

**DO NOT WRITE  
IN THIS SPACE**

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 re-registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CALFO, CARMEN
STREET ADDRESS	2504 NW 98TH TERRACE
CITY-ST-ZIP	POMPANO BEACH, FL 33065
TITLE	VP
NAME	CALFO, CHRISTOPHER
STREET ADDRESS	2504 NW 98TH TERRACE
CITY-ST-ZIP	POMPANO BEACH, FL 33065
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000435548  
02/25/06-80046-011 150.00

**DO NOT WRITE  
IN THIS SPACE**

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

2/13/06 954 610 2705  
Date Daytime Phone #