

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000059784

1. Entity Name
C & C NATIONAL, INC.



FILED
Jul 09, 2008 08:00 AM
Secretary of State

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

Mailing Address
**2504 NW 98 TER.
CORAL SPRINGS, FL 33071**



07052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2365969

Applied For
Not Applicable

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

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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000953844
07/09/08-80008-006 550.00

10. OFFICERS AND DIRECTORS

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

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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

7/6/08

954.610.2705

Date Daytime Phone #