

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000090287

FILED
Feb 09, 2004
Secretary of State

Entity Name: ALL OCCASION CONSULTANTS BY C.&C. INC.

Current Principal Place of Business:

23032 PRESERVE CT
LUTZ, FL 33549

New Principal Place of Business:

Current Mailing Address:

23032 PRESERVE CT
LUTZ, FL 33549

New Mailing Address:

FEI Number: 59-3773225

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COX, BILLY E
23032 PRESERVE CT
LUTZ, FL 33549 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TREA () Change (X) Addition
Name: COX, CARMEN A TREASUR
Address: 23032 PRESERVE COURT
City-St-Zip: LUTZ, FL 33549 PA

Title: V. P () Change (X) Addition
Name: POCHE, DON R V. P.
Address: 5409 RIVA RIDGE DRIVE
City-St-Zip: WESLEY CHAPEL, FL 33544 PA

Title: PRES () Change (X) Addition
Name: COX, BILLY E PRESIDE
Address: 23032 PRESERVE COURT
City-St-Zip: LUTZ, FL 33549 PA

Title: SECR () Change (X) Addition
Name: POCHE, CAROL A SECRETA
Address: 5409 RIVA RIDGE DRIVE
City-St-Zip: WESLEY CHAPEL, FL 33544 PA

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BILLY E. COX

PRES

02/09/2004

Electronic Signature of Signing Officer or Director

Date