

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 21, 2005 8:00 am
Secretary of State

02-16-2005 90053 046 ***150.00

DOCUMENT # P04000002872 1. Entity Name C & C ENTERPRISES OF SOUTH FLORIDA, INC.			
Principal Place of Business 970 ROBIN HOOD DRIVE PUNTA GORDA FL 33982		Mailing Address 970 ROBIN HOOD DRIVE PUNTA GORDA FL 33982	
2. Principal Place of Business <i>970 Robin Hood Dr</i>		3. Mailing Address <i>Same</i>	
City & State <i>Punta Gorda FL</i>		City & State <i>Same</i>	
Zip <i>33982</i>		Zip <i>33982</i>	
Country <i>Charlotte</i>		Country <i>33982</i>	
4. FEI Number 20-0706953		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MATTHEW, JAMES R 22212 MONTROSE AVENUE PORT CHARLOTTE FL 33952		7. Name and Address of New Registered Agent Name <i>Clay Cunningham</i> Street Address (P.O. Box Number is Not Acceptable) <i>970 Robin Hood Dr</i> City <i>Punta Gorda</i>	
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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)	
DATE		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. <input type="checkbox"/> \$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	PSTD CUNNINGHAM, CLAY 970 ROBIN HOOD DRIVE PUNTA GORDA FL 33982	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	<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	<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	<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	<input type="checkbox"/> Delete	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: <i>Clay Cunningham</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <i>3-10-05</i> Daytime Phone <i>941-575-0845</i>	

Clay Cunningham