


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

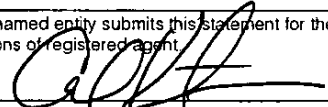
**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90149 011 \*\*\*150.00

<b>DOCUMENT # P04000003685</b>		
1. Entity Name <b>3C INC.</b>		
Principal Place of Business <b>9055 WILES RD 208 POMPANO BEACH FL 33067</b>		Mailing Address <b>9055 WILES RD 208 POMPANO BEACH FL 33067</b>
2. Principal Place of Business <b>6144 E 118LO BRANSON</b> Suite, Apt. #, etc. <b>MEM HWY</b>	3. Mailing Address <b>PO BOX 701110</b> Suite, Apt. #, etc.	



1st MOORE CR2E034 (10/04)

City & State <b>ST CLOUD FL</b>		City & State <b>ST CLOUD FL</b>		4. FEI Number <b>58-2672420</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>34771</b>	Country <b>US</b>	Zip <b>34770</b>	Country <b>US</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>KRAUTER, CARL 9055 WILES RD. #208 CORAL SPRINGS FL 33067</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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				DATE <b>APRIL 24 2005</b>	

**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. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input type="checkbox"/> Delete	TITLE <b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>KRAUTER, CARL</b>		NAME <b>DUSTY HOWARD-KRAUTER</b>	
STREET ADDRESS <b>9055 WILES RD.#208</b>		STREET ADDRESS <b>6144 E. 118LO BRANSON MEM HWY</b>	
CITY-ST-ZIP <b>POMPANO BEACH FL 33067</b>		CITY-ST-ZIP <b>ST CLOUD FL 34771</b>	
TITLE	<input type="checkbox"/> Delete	TITLE <b>VICE PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME <b>CARL HOWARD-KRAUTER</b>	
STREET ADDRESS		STREET ADDRESS <b>6144 E 118LO BRANSON MEM HWY</b>	
CITY-ST-ZIP		CITY-ST-ZIP <b>ST CLOUD FL 34771</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**APRIL 24 2005 (407) 288-2236**

Date

Daytime Phone #