

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2006 8:00 am
Secretary of State

03-31-2006 90019 036 ***158.75

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1. Entity Name
C.C.S. CONTRACTORS GROUP, INC.



Principal Place of Business
2327 CARNABY COURT
LEHIGH ACRES, FL 33971

Mailing Address
2327 CARNABY COURT
LEHIGH ACRES, FL 33971

50007741



03232006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
27-0076035

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CARTER, WILLIAM N SR
8514-9 CHARTER CLUB CIRCLE
FORT MYERS, FL 33919

**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 \$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 PT
NAME CARTER, WILLIAM N JR
STREET ADDRESS 2327 CARNABY COURT
CITY-ST-ZIP LEHIGH ACRES, FL 33971

TITLE V
NAME CARTER, ROBERT A
STREET ADDRESS 2123-412 COLLIER AVENUE
CITY-ST-ZIP FORT MYERS, FL 33901

TITLE VS
NAME SCHINKE, DANNY F
STREET ADDRESS 12589 SHANNONDALE DRIVE
CITY-ST-ZIP FORT MYERS, FL 33913

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

WILLIAM N CARTER

3-24-06

Date

239 303 0586

Daytime Phone #