


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 08:00 A
Secretary of State

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| DOCUMENT # P04000022877 |  |
| 1. Entity Name C.C.S. CONTRACTORS GROUP, INC. | |

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| Principal Place of Business 2327 CARNABY COURT LEHIGH ACRES, FL 33971 | Mailing Address 2327 CARNABY COURT LEHIGH ACRES, FL 33971 |
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DO NOT WRITE IN THIS SPACE



04272007 No Chg-P CR2E034 (11/05)

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|---|---------------------------------------|
| 4. FEI Number 27-0076035 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$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

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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 *William N Carter* WILLIAM N CARTER 4-30-07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| | | |
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | 000000759719 05/24/07-80055-007 150.00 |
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10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PT CARTER, WILLIAM N JR 2327 CARNABY COURT LEHIGH ACRES, FL 33971 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V CARTER, ROBERT A 2123-412 COLLIER AVENUE FORT MYERS, FL 33901 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VS SCHINKE, DANNY F 12589 SHANNONDALE DRIVE 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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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: *William N Carter*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____