

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 12, 2005 8:00 am
Secretary of State

04-15-2005 90067 039 ***150.00

DOCUMENT # P04000034683 1. Entity Name FOUR C'S CORPORATION OF CLEARWATER, FLORIDA					
Principal Place of Business 12550-47TH WAY NORTH CLEARWATER, FL 33762			Mailing Address 12550-47TH WAY NORTH CLEARWATER, FL 33762		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CURETON, RICHARD L 12550-47TH WAY NORTH CLEARWATER, FL 33762			Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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	PD Kevin M Cureton ☐ Delete 12550-47th Way N. Clearwater FL 33762		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE	UD Richard L Cureton ☐ Delete 12550 47th Way N Clearwater FL 33762		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE	UDST Steven A Cureton ☐ Delete 12550 47th Way N. Clearwater FL 33762		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ 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			Kevin M. Cureton 4/12/05 727-57348 Date Daytime Phone #		

66016728



04122005 Chg-P CR2E034 (10/03)

4. FEI Number **651216835** Applied For Not Applicable

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