

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90189 027 ***150.00

DOCUMENT # P04000051774

1. Entity Name
CC & P ENTERPRISES INC



Principal Place of Business
**349 SHANNON CT
FORT WALTON BEACH, FL 32548 US**

Mailing Address
**4311 OKEECHOBEE BLVD #32
WEST PALM BEACH, FL 33409 US**

14004524



2. Principal Place of Business
856 Navy St.

3. Mailing Address
856 Navy St.

Suite, Apt. #, etc.

04022005 Chg-P CR2E034 (10/03)

City & State
Fort Walton Beach, FL

City & State
Fort Walton Beach, FL

Zip
32547

Country
USA

Zip
32547

Country
USA

4. FEI Number
20-0901035

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PINEDA, ENRICO A
4311 OKEECHOBEE BLVD #32
WEST PALM BEACH, FL 33409**

7. Name and Address of New Registered Agent

Name
Carmelita P. Calhoon

Street Address
856 Navy St.

City
Fort Walton Beach FL

Zip Code
32547

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 *Carmelita Calhoon*

4/22/05

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	CALHOON, CARMELITA P	
STREET ADDRESS	349 SHANNON CT	
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	PROFFITT, DARRYL	
STREET ADDRESS	349 SHANNON CT	
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548	
TITLE	SEC	<input checked="" type="checkbox"/> Delete
NAME	CALHOON, RICKY E	
STREET ADDRESS	349 SHANNON CT	
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Calhoon, Carmelita P	
STREET ADDRESS	856 Navy St.	
CITY-ST-ZIP	Fort Walton Beach, FL 32547	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 *Carmelita Calhoon*

Date *4/22/05*