## **≱**⇒307 FOR PROFIT CORPORATION ANNUAL REPORT

## May 03, 2007 8:00 am Secretary of State **DOCUMENT # P04000051774** 05-03-2007 90048 033 \*\*\*150.00 CC & P ENTERPRISES INC Principal Place of Business Mailing Address 40 \* " 856 NAVY ST 856 NAVY ST FORT WALTON BEACH, FL 32547 FORT WALTON BEACH, FL 32547 04202007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FE! Number Applied For 20-0901035 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CALHOUN, CARMELITA P DO NOT WRITE 856 NAVY ST FORT WALTON BEACH, FL 32547 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS **PST** CALHOON, CARMELITA P NAME STREET ADDRESS 856 NAVY ST CITY-ST-ZIP FORT WALTON BEACH, FL. 32547 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE

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.

NAME STREET ADDRESS CITY-ST-ZIP

CALHOON

G OFFICER OR DIRECTOR

225-1375

**FILED**