

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000061754

1. Entity Name
CCI ENERGY SERVICES, INC.



Principal Place of Business
901 N LAKESIDE DR
LAKEWORTH, FL 33460

Mailing Address

901 N LAKESIDE DR
LAKEWORTH, FL 33460

FILED
Apr 09, 2008 08:00 AM
Secretary of State

DO NOT WRITE IN THIS SPACE

04032008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2791367	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

LINN, DENNIS P
901 N LAKESIDE DR
LAKEWORTH, FL 33460

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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

000000887434
04/21/08-00020-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	PTSS
NAME	LINN, DENNIS P
STREET ADDRESS	901 N LAKESIDE DR
CITY-ST-ZIP	LAKEWORTH, FL 33460

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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

4/4/08 561 533-5788
Date Daytime Phone #