



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2005 8:00 am**  
**Secretary of State**

03-22-2005 90011 039 \*\*\*150.00

<b>DOCUMENT # P04000114084</b> 1. Entity Name <b>CC REPAIR INCORPORATED</b>					
Principal Place of Business <b>1803 NE 189TH PLACE GAINESVILLE, FL 32609</b>			Mailing Address <b>1803 NE 189TH PLACE GAINESVILLE, FL 32609</b>		
2. Principal Place of Business <b>18905 NE 21 Street</b> Suite, Apt. #, etc.		3. Mailing Address <b>18905 NE 21 Street</b> Suite, Apt. #, etc.			
City & State <b>Gainesville Florida</b> Zip <b>32609</b> Country <b>U.S.A</b>		City & State <b>Gainesville Florida</b> Zip <b>32609</b> Country <b>U.S.A</b>		4. FEI Number <b>20-1462769</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>CRUZ, LALONI 18095 NE 21ST STREET GAINESVILLE, FL 32609</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) <b>18905 NE 21 Street</b> City <b>Gainesville</b> <b>FL</b> Zip Code <b>32609</b>		
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 <u><i>Laloni Cruz</i></u> DATE <u>3/17/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CRUZ, A. SANTOS</b> <b>18905 NE 21ST STREET</b> <b>GAINESVILLE, FL 32609</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>CRUZ, SARENA</b> <b>18905 NE 21ST STREET</b> <b>GAINESVILLE, FL 32609</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>CRUZ, ALBERT</b> <b>18905 NE 21ST STREET</b> <b>GAINESVILLE, FL 32609</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>CRUZ, BRIAN</b> <b>18905 NE 21ST STREET</b> <b>GAINESVILLE, FL 32609</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 life empowered.					
<b>SIGNATURE:</b> <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>3/17/05</u> <u>(352) 213-0850</u> <small>Date Daytime Phone #</small>		

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03162005 Chg-P CR2E034 (10/03)