

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000117382

Entity Name: CCL CONTRACTING, INC.

FILED
Mar 20, 2009
Secretary of State

Current Principal Place of Business:

12217 ARBOR BLUFF LANE
JACKSONVILLE, FL 32225

New Principal Place of Business:

Current Mailing Address:

12217 ARBOR BLUFF LANE
JACKSONVILLE, FL 32225

New Mailing Address:

FEI Number: 20-1497578

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MAXWELL, DOUGLAS R
4309 PABLO OAKS COURT
SUITE FIVE
JACKSONVILLE, FL 32224 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: LARSSON, LISA D
Address: 12217 ARBOR BLUFF LANE
City-St-Zip: JACKSONVILLE, FL 32225

Title: VP () Delete
Name: LARSSON, MATTIAS A
Address: 12217 ARBOR BLUFF LANE
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA D LARSSON

PST

03/20/2009

Electronic Signature of Signing Officer or Director

Date