

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 22, 2006 8:00 am
Secretary of State

08-22-2006 90028 036 ***150.00

DOCUMENT # P04000119436

1. Entity Name
C-C DON & ASSOCIATES, INC.



Principal Place of Business

4262 WEST RD., UNIT A
WEST PALM BEACH, FL 33407

Mailing Address

4262 WEST RD., UNIT A
WEST PALM BEACH, FL 33407

50025865



07192006 No Chg-P CR2E034 (11/05)

4. FEI Number
51-0474275

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BROWN, CAROL
4262 WEST RD., UNIT A
WEST PALM BEACH, FL 33407

**DO NOT WRITE
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 _____

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BROWN, CAROL
STREET ADDRESS	4262 WEST RD., UNIT A
CITY-ST-ZIP	WEST PALM BEACH, FL 33407
TITLE	V
NAME	CLARK, KARAN
STREET ADDRESS	4262 WEST RD., UNIT A
CITY-ST-ZIP	WEST PALM BEACH, FL 33407
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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

8-19-06

Date

Daytime Phone #