2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Secretary of State DOCUMENT # P04000131909 1. Entity Name 🦡 03-16-2006 90227 019 ***178.75 C & D PROPERTIES & INVESTMENTS, INC. Principal Place of Business Mailing Address νυσυστιο 1103 3RD AVENUE WEST 1103 3RD AVENUE WEST PALMETTO FL 34221 PALMETTO FL 34221 Principal Place of Business Mailing Address 1st MOORE CR2E034 (10/05) Applied For ity & State 4. FEI Number State 20-1646821 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent Name and Address of Current Registered Agen CHANDLER, ANGELA A Street Address 1103 3RD AVENUE WEST PALMETTO FL 34221 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 SIGNATURE (NOTE: Registered Agent signature required when reinstalling) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE TITLE Change Addition CHANDLER, ANGELA A NAME NAME STREET ADDRESS 1103 3RD AVENUE WEST STREET ADDRESS CITY-ST-ZIP PALMETTO FL 34221 CITY-ST-ZIP TITLE ☐ Delete □ Change ☐ Addition CHANDLER, ANGELA A MAME MARAE STREET ADDRESS 1103 3RD AVENUE WEST STREET ADDRESS CITY-ST-ZIP PALMETTO FL 34221 CITY-ST-7IP TITLE ☐ Deloie ma ☐ Change Addition NAME CHANDLER, ANGELA A NAME STREET ADDRESS STREET ADDRESS 1103 3RD AVENUE WEST CITY-ST-ZIP CITY-ST-ZIP PALMETTO FL 34221 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 aparthment with an address, with all other like empowered.

FILED

Mar 16, 2006 8:00 am