2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Aug 30, 2005 8:00 am Secretary of State

08-30-2005 90028 044 ***150.00 **DOCUMENT # P04000135461** C & C LAND CLEARING OF JAY, FL., INC. Mailing Address Principal Place of Business 5584 TERREL LOWRY ROAD 5584 TERREL LOWRY ROAD 50063905 JAY, FL 32565 JAY, FL 32565 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 07282005 Cha-P CR2E034 (10/03) City & State City & State Applied For 4. FEI Number Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **DURST, TIFFANY A** Street Address (P.O. Box Number is Not Acceptable) 220 WEST GARDEN STREET SUNTRUST TOWER, 9TH FLOOR PENSACOLA, FL 32501 City Zip Code 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, typed or printed name of registered agent and little if applicable. (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 7, 2005 Added to Fees corporation did not receive the prior notice. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Delete TITLE TITLE ☐ Change ☐ Addition CREAMER, LINDA'S NAME NAME 5584 TERREL LOWRY ROAD STREET ADDRESS STREET ADDRESS JAY, FL 32565 CITY-ST-ZIP CITY-ST-ZIP \/P ☐ Delete TITLE ☐ Change Addition CREAMER, CHARLES D MAME HARRE 5584 TERREL LOWRY ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JAY, FL 32565 CITY-ST-ZIP Delete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Delete TITLE □ Change TITLE ☐ Addition 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 Delete TLTI F TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 (ke) empowered.

SIGNATURE: 4

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

) Rec 8234

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