2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 07, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000136396

1. Entity Name
C & F MULTIPLE SERVICES INC

Principal Place of Business	Mailing Address
2657 OAK RUN BLVD KISSIMMEE, FL 34744 US	2657 OAK RUN BLVD KISSIMMEE, FL 34744 US

DO NOT WRITE IN THIS SPACE

08122006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1687614

Applied For ☐
Not Applicable ☐

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

6. Name and Address of Current Registered Agent

LOPEZ, CARMEN
2657 OAK RUN BLVD
KISSIMMEE, FL 34744

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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 my position as registered agent.

SIGNATURE: Carmen Lopez
Signature of new registered agent (if changing) Date

U00000576478
~~09/07/06 00000 003 150.00~~

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	LOPEZ, CARMEN
STREET ADDRESS	2657 OAK RUN BLVD
CITY ST ZIP	KISSIMMEE, FL 34744
TITLE	VP
NAME	ANTON, FREDDY
STREET ADDRESS	2657 OAK RUN BLVD
CITY ST ZIP	KISSIMMEE, FL 34744
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
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: Carmen Lopez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date