

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000011670

Entity Name: C & C INSURANCE II, INC.

FILED
Feb 06, 2008
Secretary of State

Current Principal Place of Business:

1921 NW 150 AVE
SUITE 101
PEMBROKE PINES, FL 33028

New Principal Place of Business:

Current Mailing Address:

PO BOX 824024
SOUTH FLORIDA, FL 33082

New Mailing Address:

FEI Number: 20-2165503

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLEIN, STEVEN
1921 NW 150 AVE
SUITE 101
PEMBROKE PINES, FL 33028 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: PD () Delete
Name: CLEIN, MICHAEL
Address: 4002 PINWOOD LANE
City-St-Zip: WESTON, FL 33331

Title: VD () Delete
Name: RIDER, JENNIFER J
Address: 21541 WINDHAM RUN
City-St-Zip: ESTERO, FL 33928

Title: SD (X) Delete
Name: CLEIN, STEVEN
Address: 1921 NW 150 AVE, SUITE 101
City-St-Zip: PEMBROKE PINES, FL 33028

Title: D () Delete
Name: RIDER, VICTORIA
Address: 1408 WINKLER AVE.
City-St-Zip: FT. MYERS, FL 33901

Title: D () Delete
Name: RIDER, JOSEPH J
Address: 1408 WINKLER AVE.
City-St-Zip: FT. MYERS, FL 33901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CLEIN, STEVEN
Address: 1921 NW 150 AVE, SUITE 101
City-St-Zip: PEMBROKE PINES, FL 33028

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

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

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: STEVEN CLEIN

PRES

02/06/2008

Electronic Signature of Signing Officer or Director

Date