


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P05000016122 1. Entity Name CCB INVESTORS, INC.	
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Principal Place of Business 12058 SAN JOSE BLV STE 804 JACKSONVILLE, FL 32223	Mailing Address 12058 SAN JOSE BLV STE 804 JACKSONVILLE, FL 32223
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03262008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 30-0297003	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

CRABTREE, R R  
8777 SAN JOSE BOULEVARD  
JACKSONVILLE, FL 32217

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

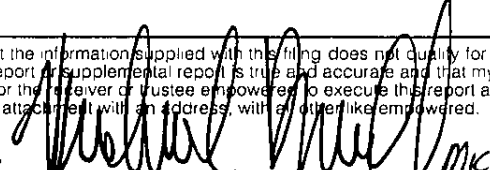
9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLAXTON, ANGELA 5652 TIMUQUANA ROAD JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRANIFF, MICHAEL 12058 SAN JOSE BLVD STE 804 JACKSONVILLE, FL 32223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARRIE, ROBERT 15379 BETSYS GAP ROAD CLYDE, NC 28721
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARRIE, MARGIE 15379 BETSYS GAP ROAD CLYDE, NC 28721
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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00000925050  
05/20/08-80011-014 150.00

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 and 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 another like empowered.

SIGNATURE:  MICHAEL BRANIFF 4/23/08 904-200-9009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #