


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2006 8:00 am
Secretary of State

07-28-2006 90032 048 ***150.00

DOCUMENT # P05000039075 1. Entity Name C.C. AND J.C.N., INC.					
Principal Place of Business 605 OAKS DRIVE UNIT 806 POMPANO BEACH, FL 33069			Mailing Address 605 OAKS DRIVE UNIT 806 POMPANO BEACH, FL 33069		
2. Principal Place of Business <i>605 OAKS DR</i> Suite, Apt., etc. <i>Unit 806</i>			3. Mailing Address Suite, Apt., etc.		
City & State <i>POMPANO FL</i>			City & State		
Zip <i>33069</i>		Country <i>USA</i>		Zip <i>33069</i>	
Country		Country		4. FEI Number <i>20-2496742</i>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent PALMER, STEPHEN T 11051 BAYBREEZE WAY BOCA RATON, FL 33428				7. Name and Address of New Registered Agent Name <i>STEPHEN T PALMER</i> Street Address (P.O. Box Number is Not Acceptable) <i>11051 BAYBREEZE WAY</i> City <i>BOCA RATON</i> FL Zip Code <i>33069</i>	
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 <i>Stephen Palmer</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NOTO, CHRISTINE 605 OAKS DRIVE POMPANO BEACH, FL 33069	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <i>Christine Noto</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <i>7-25-06</i> Daytime Phone <i>954-274-2301</i>		