

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 16, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b>	P05000056233
<b>1. Entity Name</b>	
C & C CUSTOM BLINDS, INC.	

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
5179 MONTFORD CR.		Suite, Apt. #, etc.	
City & State		City & State	
SPRING HILL, FL			
Zip	Country	Zip	Country
34606			

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b>		<b>Applied For</b>	
20-2846745		<b>Not Applicable</b>	
<b>5. Certificate of Status Desired</b>		<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

<b>Name</b>
EDUARDO CLINGO
<b>Street Address (P.O. Box Number is Not Acceptable)</b>
5179 MONTFORD CR.
<b>City</b>
SPRING HILL
<b>FL</b>
<b>Zip Code</b>
34606

**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**

*Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE*

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11.	
<b>TITLE</b>	PRESIDENT	<b>TITLE</b>	
<b>NAME</b>	EDUARDO D CLINGO	<b>NAME</b>	
<b>STREET ADDRESS</b>	5179 MONTFORD CR.	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	SPRING HILL, FL 34606	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	VICE PRESIDENT	<b>TITLE</b>	
<b>NAME</b>	JOHN N CUCCINIELLO	<b>NAME</b>	
<b>STREET ADDRESS</b>	5195 MONTFORD CR.	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	SPRING HILL, FL 34606	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>		<b>TITLE</b>	
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>		<b>TITLE</b>	
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>		<b>TITLE</b>	
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	

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IN THIS SPACE**

**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**  **PRESIDENT** *Eduardo Clingo* **2/16/2006** **352-686-1415**  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Date** **Daytime Phone #**