

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90383 041 ***150.00

DOCUMENT # P05000069913 1. Entity Name BLESSINGS C & C CORPORATION					
Principal Place of Business 906 ARABIAN DRIVE LOXAHATCHEE, FL 33470			Mailing Address 906 ARABIAN DRIVE LOXAHATCHEE, FL 33470		
2. Principal Place of Business Suite, Apt. #, etc.:			3. Mailing Address Suite, Apt. #, etc.:		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-2836185	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FEARING, CHESTER D 906 ARABIAN DRIVE LOXAHATCHEE, FL 33470				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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>Chester Fearing</i> (NOTE: Registered Agent signature required when re-stating) DATE: 4-27-06					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing True: Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PT FEARING, CHESTER D 906 ARABIAN DRIVE LOXAHATCHEE, FL 33470 ☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPS FEARING, COLLEEN A 906 ARABIAN DRIVE LOXAHATCHEE, FL 33470 ☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
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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>Chester Fearing</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 4-27-06 Daytime Phone #: 561 352 4307		