

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000085122

Entity Name: C & C GENERAL SERVICES INC

FILED
Jul 10, 2006
Secretary of State

Current Principal Place of Business:

14069 MYSTIC LN
LOT 452
JACKSONVILLE, FL 32250 US

Current Mailing Address:

14069 MYSTIC LN
LOT 452
JACKSONVILLE, FL 32250 US

New Principal Place of Business:

2902 SUNI PINES BLV
LOT 179
JACKSONVILLE, FL 32250 US

New Mailing Address:

2902 SUNI PINES BLV
LOT 179
JACKSONVILLE, FL 32250 US

FEI Number: 20-3080689

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CUBO, CLAREL G
14069 MYSTIC LN
LOT 452
JACKSONVILLE, FL 32250 US

Name and Address of New Registered Agent:

CUBO, CLAREL G
2902 SUNI PINES BLV
LOT 179
JACKSONVILLE, FL 32250 US

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: CLAREL G CUBO

07/10/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: CUBO, CLAREL G
Address: 14069 MYSTIC LN LOT 452
City-St-Zip: JACKSONVILLE, FL 32250 US

Title: VP () Delete
Name: CUBO, JUAN F
Address: 14069 MYSTIC LN LOT 452
City-St-Zip: JACKSONVILLE, FL 32250 US

Title: SEC (X) Delete
Name: ARTEAGA, CRISTINA
Address: 14069 MYSTIC LN LOT 452
City-St-Zip: JACKSONVILLE, FL 32250 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: CUBO, CLAREL G
Address: 2902 SUNI PINES BLV LOT 179
City-St-Zip: JACKSONVILLE, FL 32250 US

Title: VP (X) Change () Addition
Name: ARTEAGA, CRISTINA
Address: 2902 SUNI PINES BLV LOT 179
City-St-Zip: JACKSONVILLE, FL 32250 US

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

I hereby certify that the information supplied with this filing does not qualify for the 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: CLAREL G CUBO

VP

07/10/2006

Electronic Signature of Signing Officer or Director

Date