


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2006 8:00 am**  
**Secretary of State**

03-30-2006 90017 005 \*\*\*150.00

<b>DOCUMENT # P05000099826</b> 1. Entity Name <b>C &amp; C PUBLISHING, INC.</b>					
Principal Place of Business <b>16132 AMSTEAD ROAD</b> <b>ODESSA, FL 33556</b>			Mailing Address <b>16132 AMSTEAD ROAD</b> <b>ODESSA, FL 33556</b>		
2. Principal Place of Business <b>16132 ARMISTEAD LN.</b>		3. Mailing Address <b>16132 ARMISTEAD LN.</b>		<b>( P05000099826P )</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03222006    Chg-P    CR2E034 (11/05)	
City & State		City & State		4. FEI Number <b>20-3158373</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>RILEY, STEVEN P</b> <b>4805 WEST LAUREL STREET</b> <b>SUITE 230</b> <b>TAMPA, FL 33607</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVT ROWLAND, CLARENCE ELTON 16132 AMISTEAD ROAD ODESSA, FL 33556	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROWLAND, CLARENCE ELTON CHAIRMAN 16132 AMISTEAD ROAD ODESSA, FL 33556	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GARBER, CRAIG 16132 AMISTEAD ROAD ODESSA, FL 33556	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GARBER, CRAIG 16132 AMISTEAD ROAD ODESSA, FL 33556	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GARBER, CRAIG 16132 AMISTEAD ROAD ODESSA, FL 33556	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GARBER, CRAIG 16132 AMISTEAD ROAD ODESSA, FL 33556	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GARBER, CRAIG 16132 AMISTEAD ROAD ODESSA, FL 33556	<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: <u>Clarence Rowland</u> 3-27-06    8139265477					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #					