

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000137194

Entity Name: CC AUTO MOVERS, INC

FILED  
Mar 10, 2009  
Secretary of State

## Current Principal Place of Business:

1094 SAMAR RD  
COCOA BEACH, FL 32931 US

## New Principal Place of Business:

## Current Mailing Address:

1094 SAMAR RD  
COCOA BEACH, FL 32931 US

## New Mailing Address:

FEI Number: 38-3745734

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

L GEORGE LEONARD, CPA, PA  
1485 N ATLANTIC AVE  
SUITE 102  
COCOA BEACH, FL 32931 US

## Name and Address of New Registered Agent:

BURKE, MATTHEW T CPA  
1980 N. ATLANTIC AVENUE  
707  
COCOA BEACH, FL 32931 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: MATTHEW T. BURKE, CPA

03/10/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P,TR ( ) Delete  
Name: SKLENAR, SHARON M  
Address: 1094 SAMAR RD  
City-St-Zip: COCOA BEACH, FL 32931 US

Title: VP,S ( ) Delete  
Name: SKLENAR, RANDOLPH J  
Address: 1094 SAMAR RD  
City-St-Zip: COCOA BEACH, FL 32931 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify 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: SHARON M. SKLENAR

P TR

03/10/2009

Electronic Signature of Signing Officer or Director

Date