

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90195 047 \*\*\*150.00

**DOCUMENT # P93000043091**

1. Entity Name  
**C & C SHIPPING AND MOVING, INC.**



Principal Place of Business  
**2840 S. PARK RD.  
HALLANDALE, FL 33009 US**

Mailing Address  
**2840 S. PARK RD.  
HALLANDALE, FL 33009 US**

**DO NOT WRITE IN THIS SPACE**



01162008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0422881</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	Not Applicable <input type="checkbox"/>

**\$8.75 Additional Fee Required**

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

**HERMELYN, CORY  
2840 SOUTH PARK RD  
HALLANDALE, FL 33009**

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	HERMELYN, DIANE
STREET ADDRESS	12881 SW 9TH PLACE
CITY-ST-ZIP	DAVIE, FL 33325
TITLE	D
NAME	HERMELYN, CORY
STREET ADDRESS	2701 SW 109 TERR
CITY-ST-ZIP	DAVIE, FL 33328
TITLE	D
NAME	VICKI OSMENT
STREET ADDRESS	34 TOLEDO CT
CITY-ST-ZIP	DAVIE FL 33324
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: Cory Hermelyn  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/08  
Date

954-965-9596  
Daytime Phone #