

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90463 018 \*\*\*150.00

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1. Entity Name

C & T ENTERPRISES, INC.



Principal Place of Business

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Mailing Address

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4. FEI Number

59-3197671

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** □ □ □ □ □ □ □ □  
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6. Name and Address of Current Registered Agent

HOLTON, JAMES W.  
150 153RD AVENUE  
SUITE 205  
MADEIRA BEACH, FL 33708

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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.

JAMES W. HOLTON

(NOTE: Registered Agent signature required when reinstating)

APRIL 25, 2005

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** □ □ □ □ □ □ □ □  
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10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
HOLTON, JAMES W.  
150 153RD AVENUE, SUITE 205  
MADEIRA BEACH, FL 33708

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #