

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2006 8:00 am**  
**Secretary of State**

04-21-2006 90114 009 \*\*\*150.00

**DOCUMENT # P93000063133**

1. Entity Name  
**C & C LOADER SERVICE, INC.**



Principal Place of Business  
**4500 BELVEDERE RD.  
SUITE A  
WEST PALM BEACH, FL 33415**

Mailing Address  
**1128 ROYAL PALM BCH BLVD  
#282  
ROYAL PALM BEACH, FL 33411 US**

**50014368**



04182006 Chg-P CR2E034 (11/05)

2. Principal Place of Business  
**1128 Royal Palm Beach Blvd**

3. Mailing Address

Suite, Apt. #, etc.  
**#282**

Suite, Apt. #, etc.

City & State  
**Royal Palm Beach, FL**

City & State

Zip  
**33411**

Country

Zip

Country

4. FEI Number  
**65-0433768**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

## 6. Name and Address of Current Registered Agent

**CARTIER, PETE  
4500 BELVEDERE RD.  
SUITE A  
WEST PALM BEACH, FL 33415**

## 7. Name and Address of New Registered Agent

Name **Colleen Choquette**

Street Address (P.O. Box Number is Not Acceptable)  
**1128 Royal Palm Beach Blvd**

**#282**

City **Royal Palm Beach**

**FL**

Zip Code  
**33411**

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 **Colleen Choquette**

**4-18-06**

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, 2006 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** ☐ Delete  
NAME **CARTIER, JACQUELINE**  
STREET ADDRESS **4500 BELVEDERE RD., SUITE A**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33415**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/18/06**

Date

Daytime Phone #