

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P93000079664

1. Entity Name  
C.C.P. & G., CORP.



Principal Place of Business  
251 US HIGHWAY 1  
JUPITER, FL 33477

Mailing Address  
140 BEACON LANE  
JUPITER, FL 33469



01092006 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-0454207

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

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

PARRISH, BRUCE W JR.  
105 S NARCISSUS AVE  
SUITE 701  
WEST PALM BEACH, FL 33401

**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, 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 NAME STREET ADDRESS CITY-ST-ZIP	D PALAZZOLO, CEASAR 140 BEACON LN JUPITER, FL 33469
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U00000392968  
01/25/06-80002-009 150.00

**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 a brother-like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #