

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000059870

Entity Name: C.C. CONSULTANTS, INC.

**FILED**  
**Jan 09, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

499 CINNAMON DR  
SATELLITE BEACH, FL 32937

**New Principal Place of Business:**

**Current Mailing Address:**

499 CINNAMON DR  
SATELLITE BEACH, FL 32937

**New Mailing Address:**

FEI Number: 59-3265890

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COMBS, CLYDE JR.  
499 CINNAMON DR  
SATELLITE BEACH, FL 32937 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: COMBS, CLYDE JR.  
Address: 499 CINNAMON DR  
City-St-Zip: SATELLITE BEACH, FL 32937

I hereby 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 all other like empowered.

SIGNATURE: CLYDE COMBS, JR

PRES

01/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date