## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

FILED Apr 08, 2008 08:00 A Secretary of State

DCCLI	MENIT	# P940000	87422

1. Entity Name C & C JEFFERS, INC.



Principal Place of Business

8120 BEACH BLVD JACKSONVILLE, FL 32216 Mailing Address

8120 BEACH BLVD JACKSONVILLE, FL 32216



01142008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3277477

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JEFFERS, CLYDE M

## DO NOT WRITE

JACKSONVILLE, FL 32216				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 Fiorida. I am familiar with, and accept the obligations of registered agent									
SIGNATURE Signature, typed or printed name of registered agent and title it applicable (NOTE Registered Agent signature required when refinitioning) DATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Financing     Trust Fund Contribution.			\$5.00 May Be Added to Fees	000000886412 04/18/08-80054-021 150,00			
10.	OFFICERS AND DIREC	TORS							
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	PD CLYDE M. JEFFERS 8120 BEACH BLVD JACKSONVILLE, FL 32216 VPD CARLIS JEFFERS 8120 BEACH BLVD JACKSONVILLE, FL 32216				DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					IN <sup>-</sup>	THIS SPACE			
TITLE NAME STREET ADDRESS CITY-S1-ZIP	E T ADDRESS .								
TITLE NAME . STREET ADDRESS CITY-ST-ZIP			,,		·				
12. I hereby o	ertify that the information supplied with this fill	ing does not qualify for the	exemption	ns con	lained 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 of tustee 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 life oppowered.

SIGNATURE:

INTED NAME OF SIGNING OFFICER OR DIRECTOR