2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000038665

1. Entity Name
C&C RELIABLE ENTERPRISES, INC.

Principal Place of Business	Mailing Address
19225 HIAWATHA ROAD ODESSA, FL 33556	19225 HIAWATHA ROAD ODESSA, FL 33556

DO NOT WRITE IN THIS SPACE

01052006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3313777

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DEPERTE, ROBERT F.
19225 HIAWATHA RD
ODESSA, FL 33556

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 $350.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	DEPERTE, ANNMARIE
STREET ADDRESS	19225 HIAWATHA ROAD
CITY-ST-ZIP	ODESSA, FL
TITLE	P
NAME	DEPERTE, ROBERT F.
STREET ADDRESS	19225 HIAWATHA ROAD
CITY-ST-ZIP	ODESSA, FL
TITLE	V
NAME	BABCOCK, ARTHUR
STREET ADDRESS	13310 LAWRENCE ST
CITY-ST-ZIP	SPRING HILL, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000382591
01/12/06-80017-018 150.00

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 all other like empowered.

SIGNATURE Annmarie Deperte ANNMARIE DEPERTE 1/6/06 813-920-7080
SIGN HERE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #