

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000060215

Entity Name: CCDC, INC.

FILED  
Jul 21, 2004  
Secretary of State

## Current Principal Place of Business:

3003 CLAIRE LANE  
JACKSONVILLE, FL 322236645

## New Principal Place of Business:

## Current Mailing Address:

3003 CLAIRE LANE  
JACKSONVILLE, FL 322236645

## New Mailing Address:

FEI Number: 59-3327989

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BYRD, VICTOR H  
3003 CLAIRE LANE  
JACKSONVILLE, FL 322236645

## 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: SP ( ) Delete  
Name: BYRD, VICTOR H  
Address: 8589 ROYAL LAKES DR.  
City-St-Zip: JACKSONVILLE, FL 32256

Title: VP ( ) Delete  
Name: BYRD, RICHARD T  
Address: 3003 CLAIRE LANE  
City-St-Zip: JACKSONVILLE, FL 32223

Title: D ( ) Delete  
Name: HARRIS, LYNN B  
Address: 7679 HOLLYRIDGE CIRCLE  
City-St-Zip: JACKSONVILLE, FL 32256

Title: T ( ) Delete  
Name: BOSWELL, CYNTHIA  
Address: 3003 CLAIRE LANE  
City-St-Zip: JACKSONVILLE, FL 32223

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: VICTOR BYRD

SP

07/21/2004

Electronic Signature of Signing Officer or Director

Date