2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 12, 2005 08:00 AM **DOCUMENT # P96000065796** 1. Entity Name **Secretary of State** C & C NOTIONS, INC. Mailing Address Principal Place of Business 12300 MOORE ROAD 12300 MOORE ROAD LAKELAND, FL 33809 LAKELAND, FL 33809 02212005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEl Number 65-0742761 Not Applicable \$8.75 Additional 5. Certificate of Status Desired THE RESERVE OF THE PARTY OF THE Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE CLARK, CORAL H 12300 MOORE ROAD LAKELAND, FL 33809 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. (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and fille if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 U00000260665 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 03/12/05-80034-008 150.00 OFFICERS AND DIRECTORS 10. PD TITLE NAME. CLARK, CORAL H STREET ADDRESS 12300 MOORE ROAD CITY-ST-ZIP LAKELAND, FL 33809 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 fike empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/05 863-858-543