2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Aar F3, 2007 08:00 A Secretary of State DOCUMENT # P96000083751 1. Entity Name C & C CONSTRUCTION AND ENGINEERING, INC. Principal Place of Business Mailing Address 2152 14TH CIR. NORTH 1525 EAST AMELIA ST ORLANDO FL 32819 ST. PETERSBURG FL 33713 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt # otc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & Stato 4. FEI Number Applied For 59-3405164 Not Applicable Zip Country Zip Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo KEATOR, CLARK L 1525 EAST AMELIA ST. Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32803 Zip Code 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 | am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 HILE ☐ Delele HILE Change ■ Addition KEATOR, CLARK L NAME NAME 5604 BAYBROOK AVE STREET ADDRESS STREET ADDRESS ORLANDO FL CITY-ST-ZIP CITY-ST-7IP s TITLE ☐ Detete TITLE Change ☐ Addition SCHERER, CLARK H III NAME NAME 2152 14TH CIR. NORTH U00000663094 STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL 33713 03/21/07-80039-018 150.00 CITY-ST-7IP CHTY-ST-ZIP IIILE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-7IP ItilE TITLE ☐ Delete ☐ Chapne Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZiP

12. I heroby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 offect as if made under each that I am an officer or director of the corporation or the receiver of trastee 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IMAROT 77077240

FILED