2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P9 000017266

1. Entity Name
CCO, INC.

Principal Place of Business	Mailing Address
4506 E DELPRADO BLVD S. CAPE CORAL, FL 33904	4506 E DELPRADO BLVD S. CAPE CORAL, FL 33904

DO NOT WRITE IN THIS SPACE

01062004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0729860	Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DORAGH, PETER
4415 METRO PKWY
STE 325
FORT MYERS, FL 33913

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, 2004 Fee will be $550.00

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

03/25/04--88026--020 158.75

10.	OFFICERS AND DIRECTORS
TITLE	P
NAME	WHITCOMB, JON J
STREET ADDRESS	2018 SW 31ST TERR.
CITY-ST-ZIP	CAPE CORAL, FL 33914
TITLE	VST
NAME	KEARNEY, PETER R
STREET ADDRESS	1216 NW 17TH STREET
CITY-ST-ZIP	CAPE CORAL, FL 33993
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 like empowered

SIGNATURE: _Jon J. Whitcomb_   _3-23-04_   _239-945-7111_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #