

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 21, 2005 08:00 AM
Secretary of State**

DOCUMENT # P97000017266

**1. Entity Name
CCO, INC.**



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

**Mailing Address
4506 E DELPRADO BLVD S.
CAPE CORAL, FL 33904**



01032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
65-0729860**

**Applied For
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, 2005 Fee will be \$350.00**

**9. Election Campaign Financing
Trust Fund Contribution. ☐**

**\$5.00 May Be
Added to Fees**

**U000000272304
03/21/05-80085-006 158.75**

10. OFFICERS AND DIRECTORS

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
WHITCOMB, JON J
2018 SW 31ST TERR.
CAPE CORAL, FL 33914**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VST
KEARNEY, PETER R
1216 NW 17TH STREET
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 affidavit, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JON J. WHITCOMB 3-10-05

Date

239-945-7111

Daytime Phone #