

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000049663

FILED
Jan 07, 2005
Secretary of State

Entity Name: C & C PUMPING SERVICES, INC.

Current Principal Place of Business:

19968 INDEPENDENCE BLVD
GROVELAND, FL 34736 US

New Principal Place of Business:

Current Mailing Address:

19968 INDEPENDENCE BLVD
GROVELAND, FL 34736

New Mailing Address:

FEI Number: 59-3449828

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLDORF, LESLIE S
6600 WYNN LANE
GROVELAND, FL 34736 US

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: HOLDORF, LESLIE
Address: 19968 INDEPENDENCE BLVD
City-St-Zip: GROVELAND, FL 34736

Title: DVP () Delete
Name: HOLDORF, CHRIS A
Address: 19968 INDEPENDENCE BLVD
City-St-Zip: GROVELAND, FL 34736

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: HOLDORF, LESLIE S
Address: 19968 INDEPENDENCE BLVD
City-St-Zip: GROVELAND, FL 34736

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: LESLIE S HOLDORF

D

01/07/2005

Electronic Signature of Signing Officer or Director

Date