

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90393 031 ***150.00

DOCUMENT # P97000065299

1. Entity Name
CCI OF JENSEN BEACH, INC.



Principal Place of Business
3201 NW FEDERAL HWY
JENSEN BEACH, FL 34957 US

Mailing Address
~~7634 N.W. 6TH AVE.~~ 1371 Palmetto PARK Rd
BOCA RATON, FL ~~33407~~ 33486 US

14012720



01112005 No Chg-P CR2E034 (10/03)

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4. FEI Number
65-0774203

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SIEGEL, NAT
~~7634 N.W. 6TH AVE.~~ 1371 Palmetto PARK Rd
BOCA RATON, FL ~~33407~~ 33486

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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 NAT SIEGEL DATE 4/15/05
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CONSENTINO, JAMES A
STREET ADDRESS	4225 GENESSEE STREET
CITY-ST-ZIP	CHEEKTOWASA, NY 14225
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	

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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: JAMES A CONSENTINO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 4/15/05 DAYTIME PHONE # 561-362-5514