

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 11, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P97000074287

1. Entity Name  
C & C EYEWEAR, INC.



Principal Place of Business  
935 N BENEVA RD  
SUITE 609-26  
SARASOTA, FL 34232 US

Mailing Address  
935 N BENEVA RD  
SUITE 609-26  
SARASOTA, FL 34232 US



01042005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0775662

|                |
|----------------|
| Applied For    |
| Not Applicable |

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

6. Name and Address of Current Registered Agent

KLEIN, W C  
935 N BENEVA RD  
SUITE 609-26  
SARASOTA, FL 34232

**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 \$550.00

9. Election Campaign Financing  
Trust Fund Contribution.

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

U00000298699  
04/11/05-80078-015 150.00

10. OFFICERS AND DIRECTORS

|                |                          |
|----------------|--------------------------|
| TITLE          | PSTD                     |
| NAME           | KLEIN, W C               |
| STREET ADDRESS | 935 N BENEVA RD, #609-26 |
| CITY-ST-ZIP    | SARASOTA, FL 34232       |

|                |  |
|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

|                |  |
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| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
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|----------------|--|
| 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)(f), 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: W.C. KLEIN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-2005 941 378-9362  
Date Daytime Phone #