

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90123 037 ***150.00

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1. Entity Name

C & C AUTO SALES OF FORT MYERS, INC.



Principal Place of Business

2335 CRYSTAL DR
#10
FORT MYERS, FL 33907-4150

Mailing Address

8624 E. PARK
FORT MYERS, FL 33907-4150



04202005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0791453

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CANALES, TERESA S
8624 E PARK
FT MYERS, FL 33907

**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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CANALES, ADAM
STREET ADDRESS 8624 EAST PARK STREET
CITY-ST-ZIP FORT MYERS, FL 33907

TITLE VD
NAME CANALES, ADAM III
STREET ADDRESS 2243 IVY AVENUE
CITY-ST-ZIP FORT MYERS, FL 33907

TITLE SD
NAME CANALES, SENAIDA
STREET ADDRESS 2230 FLORA AVENUE
CITY-ST-ZIP FORT MYERS, FL 33907

TITLE T
NAME CANALES, TERESA
STREET ADDRESS 8624 E PARK
CITY-ST-ZIP FORT MYERS, FL 33907

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

239 -
4/29/05 936-7969