## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 01, 2007 8:00 am**
**Secretary of State**

05-01-2007 90044 048 ***150.00

**DOCUMENT # P97000096963**

**1.** Entity Name
CCI OF GLADES ROAD, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 20465 STATE ROAD 7<br>BOCA RATON, FL 33434  US | 1371 PALMETTO PARK RD<br>BOCA RATON, FL 33486  US |

**DO NOT WRITE IN THIS SPACE**

404005...

04272007  No Chg-P  CR2E034 (11/05)

| **4.** FEI Number | Applied For |
|---|---|
| 65-0795936 | Not Applicable |

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

**6. Name and Address of Current Registered Agent**

SIEGEL, NAT
1371 PALMETTGO PARK RD
BOCA RATON, FL 33486

**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**<br>**After May 1, 2007 Fee will be $550.00** | **9.** Election Campaign Financing<br>Trust Fund Contribution. ☐ | **$5.00** May Be<br>Added to Fees |
|---|---|---|

**10.** OFFICERS AND DIRECTORS

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

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| NAME | |
| STREET ADDRESS | |
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**12.** I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 M. Cummins_ 4/30/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   561-362-5514