


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Jan 12, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P98000019925	
1. Entity Name C&M ENGINE SERVICES, INC.	

Principal Place of Business 5621 EAST ADAMO DRIVE UNITS E&F TAMPA, FL 33619	Mailing Address 5621 EAST ADAMO DRIVE UNITS E&F TAMPA, FL 33619
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01062006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3496229	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  BABOOLALL, CAVIN 5621 EAST ADAMO DRIVE UNITS E&F TAMPA, FL 33619
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

1000000382883  
01/12/06-80032-010 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BABOOLALL, CALVIN 5621 EAST ADAMO DRIVE UNITS E&F TAMPA, FL 33619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERMAN, MARK 5621 EAST ADAMO DRIVE UNITS E&F TAMPA, FL 33619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS BHAGWANDEEN, JENNY 5621 EAST ADAMO DRIVE, UNIT E & F TAMPA, FL 33619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 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: CALVIN BABOOLALL 1-9-05 813 630-2166  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #