

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 21, 2006 8:00 am**  
**Secretary of State**

06-21-2006 90002 017 \*\*\*558.75

**DOCUMENT # P99000029086**

1. Entity Name  
**4C HOLDINGS, INC.**



**Principal Place of Business**

102 N.E. 2ND STREET  
PMB 400  
BOCA RATON, FL 33432

**Mailing Address**

102 N.E. 2ND STREET  
PMB 400  
BOCA RATON, FL 33432

**DO NOT WRITE IN THIS SPACE**



06192006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0921491**

Applied For  
Not Applicable

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

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

IRVINE, THOMAS J  
7141 N.W. 70 TERRACE  
PARKLAND, FL 33067

**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 \$550.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD IRVINE, THOMAS J 7141 N.W. 70 TERRACE PARKLAND, FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD NIEDERMEYER, LISA A 102 N.E. 2ND STREET, PMB 400 BOCA RATON, FL 33432
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**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Lisa A. Niedermeyer* 6/19/06 561 212 3141