2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000056935

1. Entity Name

C & I SPECIALTIES, INC.



Principal Place of Business

2104 S. BAY STREET EUSTIS, FL 32726 US Mailing Address

2104 S. BAY STREET EUSTIS, FL 32726 US FILED Apr 23, 2007 08:00 A Secretary of State



01022007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3582921

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

BREWER, CHARLES C 2104 S. BAY STREET EUSTIS, FL 32726

DO NOT WRITE IN THIS SPACE

	th, and accept
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, Noed 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, 2007 Fee will be \$550.00 9. Election Campaign Financing	150.00
10. OFFICERS AND DIRECTORS 目中記文學學學學學學學學學學學學學學學學學學學學學學學學學學學學學學學學學學學學	
TITLE PD NAME BREWER, CHARLES C STREET ADDRESS 1621 TEXAS CT CITY-ST-ZIP TAVARES, FL 32778	
TITLE SD NAME BREWER, CHARLES C JR. STREET ADDRESS 28236 TAMMI DRIVE CITY-ST-ZIP TAVARES, FL 32778	
TITLE D NAME BREWER, SHARON G STREET ADDRESS CITY-ST-ZIP TAVARES, FL 32778 DO NOT WRITE	
TITLE D BREWER, EVELYN M STREET AODRESS 1621 TEXAS CT TAVARES, FL 32778	
TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE	

12. Thereby 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:

NAME STREET ADDRESS CITY-ST-ZIP

MULLAND DE STANDER EVELYN
IGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

BREWER 4/

352-357-10

Daytime Phone #