2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000068081

FILED Apr 26, 2005 Secretary of State

Entity Name: C & C BUSINESS, INC. **Current Principal Place of Business: New Principal Place of Business:** 17015 WINNERS CIRCLE ODESSA, FL 33556 **Current Mailing Address: New Mailing Address:** 17015 WINNERS CIRCLE ODESSA, FL 33556 FEI Number: 59-3590192 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COSENZA, LINDA 17015 WINNERS CIRCLE ODESSA, FL 33556 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition COSERZA, LINDA COSENZA, LINDA Name: Name: 17015 WINNERS CIRCLE 17015 WINNERS CIRCLE Address: Address: City-St-Zip: ODESSA, FL 33556 City-St-Zip: ODESSA, FL 33556 Title: Title: () Delete () Change () Addition Name: COSENZA, LINDA Name: 17015 WINNERS CIRCLE Address: Address: ODESSA, FL 33556 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

TVP

COFFMAN, CLAY

ODESSA, FL 33556

17015 WINNERS CIRCLE

SIGNATURE: LINDA COSENZA PRES 04/26/2005

() Delete

Title:

Name:

Address:

City-St-Zip:

TVP

COFFMAN, CLAY

611 SHORE DR E

OLDSMAR, FL 34677

(X) Change () Addition