


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90548 040 ***150.00


| | |
|--|---|
| DOCUMENT # P99000096396 |  |
| 1. Entity Name C & G DEVELOPMENT, INC. | |

| | |
|--|--|
| Principal Place of Business 240 MOHAWK ROAD CLERMONT, FL 34711 | Mailing Address 240 MOHAWK ROAD - CLERMONT, FL 34711 |
|--|--|

| | |
|--|--|
| 2. Principal Place of Business 240 Mohawk Road | 3. Mailing Address P.O. Box 2365 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | |
|-------------------------------------|-------------------------------------|
| City & State Minneola, FL | City & State Minneola, FL |
| Zip 34715 | Country |
| Zip 34755 | Country |

20033461



01062005 Chg-P CR2E034 (10/03)

| | |
|---|-------------------------------|
| 4. FEI Number 59-3609806 | 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 SURIN, GARY A 240 MOHAWK ROAD CLERMONT, FL 34711 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 240 Mohawk Road City Minneola FL Zip Code 34715 |
|--|---|

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.

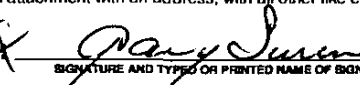
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing)

DATE _____

| | |
|---|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PVST SURIN, GARY A POST OFFICE BOX 2365 MINNEOLA, FL 34755 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D SURIN, GARY A POST OFFICE BOX 2365 MINNEOLA, FL 34755 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify 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 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  **GARY SURIN** **4/14/05** **352 267 1770**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #