

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2006 8:00 am**  
**Secretary of State**

03-16-2006 90233 034 \*\*\*150.00

**DOCUMENT # P99000096396**

1. Entity Name  
**C & G DEVELOPMENT, INC.**



Principal Place of Business  
**240 MOHAWK ROAD  
MINNEOLA, FL 34715**

Mailing Address  
**P.O. BOX 2365  
MINNEOLA, FL 34755**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01102006

Chg-P

CR2E034 (11/05)

4. FEI Number

**59-3609806**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SURIN, GARY A  
240 MOHAWK ROAD  
MINNEOLA, FL 34715**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 \$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

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** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SURIN, GARY A  
POST OFFICE BOX 2365  
MINNEOLA, FL 34755** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

**3/13/06**

Daytime Phone #



40032341 ATTACHMENT # P99000096356

*Assured Accounting, Inc.*

240 Mohawk Road  
Minneola, Florida 34715  
352-394-4048  
Fax 352-394-3272

119 W. Lemon Street  
Lady Lake, Florida 32159  
352-753-1337  
Fax 352-753-9336

March 11, 2006

Attached please find your 2006 Uniform Business Report. Kindly review this information and make any appropriate changes necessary regarding names and/or addresses. Do not check any boxes on this report. It may cause you additional costs from the State of Florida. Your signature is required in box 12.

Prior to May 1<sup>st</sup>, enclose a check in the amount of \$150.00 made payable to the Department of State and mail in the envelope provided. Please note that the filing fee after May 1<sup>st</sup>, is \$550.00.

If you should have any questions, give me a call.

Best regards,

James Rowe

JR\mm  
Enclosure