

2005 FOR-PROFIT CORPORATION- ANNUAL REPORT (AF)

FILED
Aug 24, 2005 8:00 am
Secretary of State

08-24-2005 90056 025 ***150.00

DOCUMENT # P99000110088

1. Entity Name

C&C PAINTING CONTRACTORS INC.



Principal Place of Business
**5422 THERESA STREET
TAMPA FL 33615**

Mailing Address
**5422 THERESA STREET
TAMPA FL 33615**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3617521**

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

**CUBAS, CARLOS A
10407 LIGHTER BRIDGE DRIVE
TAMPA FL 33626**

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 is to be applicable

(NOTE: Registered Agent signature required when filing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State**

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	P CUBAS, CARLOS A 10407 LIGHTER BRIDGE DRIVE TAMPA FL 33626	☐ Delete
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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 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:

Signature and typed or printed name of signing officer or director

07-21-05 813-917-1205

Date

Daytime Phone



50063176
#P99000110088

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

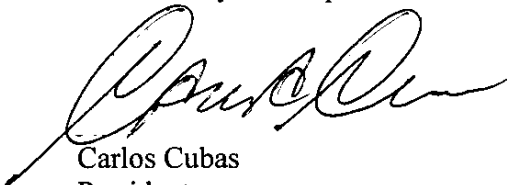
August 16, 2005

To Whom It May Concern:

This letter is to state that we did not receive on the mail the Profit Corporation Annual Report letter. That is the reason why we did not send the payment on time.

Attached to this letter is the Profit Corporation Annual Report letter and the \$150.00 fee

Thanks for your cooperation



Carlos Cubas
President