2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Mar 18, 2005 08:00 AM DOCUMENT # S04919 **Secretary of State** 1. Entity Name **C&C CONSTRUCTION CORPORATION OF BREVARD** COUNTY Principal Place of Business Mailing Address 1300 ARMSTRONG DR. 1300 ARMSTRONG DR. SUITE 101 SUITE 101 TITUSVILLE, FL 32780 TITUSVILLE, FL 32780 US 03102005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3030314 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CUNNINGHAM, DEBRA J DO NOT WRITE 1300 ARMSTRONG DRIVE **SUITE 101** IN THIS SPACE TITUSVILLE, FL 32780 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 Sgneture, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE DP NAME CUNNINGHAM, DEBRA J STREET ADDRESS 2495 CHERRYWOOD LANE 1/00000268993 CITY-ST-ZIP TITUSVILLE, FL 03/18/05-80065-014 150.00 TITLE CUNNINGHAM, MICHAEL F 2495 CHERRYWOOD LANE STREET ADDRESS CITY-ST-ZIP TITUSVILLE, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS

12. Thereby 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 FROM OR DIRECTOR

CITY-SI-ZP TITLE MAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP