2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # S04919

1. Entity Name

C&C CONSTRUCTION CORPORATION OF BREVARD COUNTY



FILED Feb 27, 2006 08:00 AM Secretary of State

Principal Place of Business

1300 ARMSTRONG DR.

SUITE 101

TITUSVILLE, FL 32780 US

Mailing Address

1300 ARMSTRONG DR.

SUITE 101

TITUSVILLE, FL 32780 US



01312006

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3030314 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

CUNNINGHAM, DEBRA J 1300 ARMSTRONG DRIVE SUITE 101 TITUSVILLE, FL 32780

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	named entity submits this statement for the priors of registered agent.	irpose of changing its registe	ered office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: Registe	ned Agent signature	required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Fin Trust Fund Contribution		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS	1		
TITLE NAME STREET ADDRESS CSTY-ST-ZIF	DP CUNNINGHAM, DEBRA J 2495 CHERRYWOOD LANE TITUSVILLE, FL				
NAME STREET ADDRESS C/TY-ST-ZIP	V CUNNINGHAM, MICHAEL F 2495 CHERRYWOOD LANE TITUSVILLE, FL				UGUGUU449.37 3 33.439.436-66052-06 7-150,00
TITLE NAME STREET ADDRESS I CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STIRLET ADDRESS CITY-ST-ZIP					
12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this country supplies that the property is true and accurate and that my signature shall have the same length effect as if made upder path; that I am an officer of director					

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an onicer 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 HAME OF SIGNING OFFICER ON DIRECTOR

02.16.06 \$21.264-0204

Daytime Phone 9