

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # S04919**

1. Entity Name  
**C&C CONSTRUCTION CORPORATION OF BREVARD  
COUNTY**



Principal Place of Business  
**1300 ARMSTRONG DR.  
SUITE 101  
TITUSVILLE, FL 32780 US**

Mailing Address  
**1300 ARMSTRONG DR.  
SUITE 101  
TITUSVILLE, FL 32780 US**



03092007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3030314</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	CUNNINGHAM, DEBRA J
STREET ADDRESS	2495 CHERRYWOOD LANE
CITY-ST-ZIP	TITUSVILLE, FL

TITLE	V
NAME	CUNNINGHAM, MICHAEL F
STREET ADDRESS	2495 CHERRYWOOD LANE
CITY-ST-ZIP	TITUSVILLE, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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**DO NOT WRITE  
IN THIS SPACE**

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:**

*M.F. Cunningham*

**M.F. CUNNINGHAM**

**03.08.07**

**321-264-0204**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #