

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90067 016 ***150.00

DOCUMENT # S90496

1. Entity Name

C & M AND SON, INC.



Principal Place of Business

50 E. CENTRAL BLVD.
ORLANDO FL 32804
US

Mailing Address

14151 COUNTRY ESTATES DR
WINTER GARDEN FL 34787
US

2. Principal Place of Business

3. Mailing Address

5436 PELOS ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO FL

Zip

Country

Zip

Country

32807

ORANGE

4. FEI Number

59-3094831

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOMES, CARLOS
14151 COUNTRY ESTATES DR
WINTER GARDEN FL 34787

7. Name and Address of New Registered Agent

Name CARLOS GOMES JR.

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

5436 PELOS ST.

City ORLANDO

FL

Zip Code

32807

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, 2004 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

TITLE PD
NAME GOMES, CARLOS JR.
STREET ADDRESS 5436 PELOS ST.
CITY-ST-ZIP 14151 COUNTRY ESTATE DRIVE ORLANDO FL 32807
WINTER GARDEN FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

CARLOS GOMES JR.

3-12-04

321-946-2543

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #