


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90339 003 ***150.00

DOCUMENT # V47646			
1. Entity Name CCI PROPERTIES, INC.			
Principal Place of Business 1017 PENNSYLVANIA AVE. LAKELAND, FL 33803 US		Mailing Address 1017 PENNSYLVANIA AVE. LAKELAND, FL 33803 US	
2. Principal Place of Business <i>100 S. Kentucky Ave</i>		3. Mailing Address <i>PO Box 1645</i>	
Suite, Apt. #, etc. <i>Ste. 255</i>		Suite, Apt. #, etc.	
City & State <i>Lakeland, FL</i>		City & State <i>Lakeland, FL</i>	
Zip <i>33801</i>		Country <i>FL</i>	
Country <i>FL</i>		Zip <i>33802</i>	
Country <i>FL</i>		Country <i>FL</i>	
6. Name and Address of Current Registered Agent COOMBER, BARBARA 1017 PENNSYLVANIA AVE. LAKELAND, FL 33803		7. Name and Address of New Registered Agent Name <i>Barbara Coomber Reed</i> Street Address (P.O. Box Number is Not Acceptable) <i>100 S Kentucky Ave</i> <i>Ste 255</i> City <i>Lakeland</i> FL Zip Code <i>33801</i>	
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 <i>Barbara Coomber Reed</i>		Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	
DATE <i>4-14-05</i>		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD COOMBER, BARBARA J 1017 PENNSYLVANIA AVE. LAKELAND, FL 33803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Barbara Coomber Reed</i> <i>1017 Pennsylvania Ave.</i> <i>Lakeland, FL 33803</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD COOMBER, JESSE 2708 BELLEWATER PLACE OVIEDO, FL 32766 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP 5 TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Jesse J Coomber</i> <i>6916 Consolata St</i> <i>Poca Pata, FL 33433</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <input checked="" type="checkbox"/> Delete COOMBER, JESSE 2708 BELLEWATER PLACE OVIEDO, FL 32766	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Barbara Coomber Reed</i>		Signature and typed or printed name of signing officer or director	
DATE <i>4-14-05</i>		Date	
DAYTIME PHONE <i>863-688-849</i>		Daytime Phone #	