

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V47646

FILED
Mar 30, 2009
Secretary of State

Entity Name: CCI PROPERTIES, INC.

Current Principal Place of Business:

132 CANAL STREET
STUITE 5
NEW SMYRNA BEACH, FL 32169 US

New Principal Place of Business:

Current Mailing Address:

132 CANAL STREET
SUITE 5
NEW SMYRA BEACH, FL 32169 US

New Mailing Address:

132 CANAL STREET
SUITE 5
NEW SMYRNA BEACH, FL 32169 US

FEI Number: 59-3131857

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COOMBER, BARBARA
135 MARINA BAY DRIVE
NEW SMYRNA BEACH, FL 32169 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: COOMBER, BARBARA J
Address: 135 MARINA BAY DRIVE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: VSTD () Delete
Name: COOMBER, JESSE
Address: 132 CANAL STREET
City-St-Zip: NEW SMYRNA BEACH, FL 32169 US

Title: D (X) Delete
Name: COOMBER, KRISTIN L
Address: 132 CANAL STREET
City-St-Zip: NEW SMYRNA BEACH, FL 32169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA J. COOMBER

PRES

03/30/2009

Electronic Signature of Signing Officer or Director

_____ Date