

# 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