2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004
Secretary of State

DOCUMENT# P01000087582

Entity Name: C2C, CORP.

Current Principal Place of Business:

2320 CARIBBEAN CT
ORLANDO, FL 32805

New Principal Place of Business:

Current Mailing Address:

2320 CARIBBEAN CT
ORLANDO, FL 32805

New Mailing Address:

FEI Number: 59-3741011 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORRISON, JOSEPH A
3500 S FLORIDA AVE, STE 3
LAKELAND, FL 33803 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: D ( ) Delete
Name: HOSKINSON, BARBRA
Address: 2320 CARIBBEAN CT
City-St-Zip: ORLANDO, FL 32805

Title: D ( ) Delete
Name: HOSKINSON, MICHAEL SR
Address: 2320 CARIBBEAN CT
City-St-Zip: ORLANDO, FL 32805

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D ( ) Change (X) Addition
Name: HOSKINSON, MICHAEK P II
Address: 4525 S. TEXAS AVE, #107 BLDG B
City-St-Zip: ORLANDO, FL 32839

Title: D ( ) Change (X) Addition
Name: HOSKINSON, TIMOTHY F
Address: 14320 HAMPSHIRE BAY CT
City-St-Zip: WINTER GARDEN, FL 32787

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BARBRA HOSKINSON D 01/29/2004

Electronic Signature of Signing Officer or Director Date