

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000087582

Entity Name: C2C, CORP.

FILED  
Jan 03, 2005  
Secretary of State

## 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: D ( ) Delete  
Name: HOSKINSON, MICHAEL P II  
Address: 4525 S. TEXAS AVE, #107 BLDG B  
City-St-Zip: ORLANDO, FL 32839

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D (X) Change ( ) Addition  
Name: HOSKINSON, TIMOTHY F  
Address: 7603 BARNOWL TRL  
City-St-Zip: ORLANDO, FL 32810

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

PRES

01/03/2005

Electronic Signature of Signing Officer or Director

Date