


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 08, 2008 8:00 am**  
**Secretary of State**

05-08-2008 90020 003 \*\*\*150.00

<b>DOCUMENT # P07000055931</b>	
1. Entity Name <b>C404, INC.</b>	

Principal Place of Business <b>2326 23RD CIRCLE PANAMA CITY FL 32405</b>	Mailing Address <b>2326 23RD CIRCLE PANAMA CITY FL 32405</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address <b>P.O. Box 15156</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State <b>PANAMA CITY, FL</b>	City & State <b>PANAMA CITY, FL</b>	4. FEI Number <b>37-1543845</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Zip <b>32406</b>	Country <b>FLA</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>JACKSON, THOMAS D 2326 23RD CIRCLE PANAMA CITY FL 32405</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reconstituting)  
 Signature, typed or printed name of registered agent and state if applicable. DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$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	<b>CP JACKSON, THOMAS D. P.O. Box 15156 PANAMA CITY, FL 32406</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Thomas D. Jackson** **4-22-08** **850 769-7664**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #