

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000024711

Entity Name: C-4 PRODUCTIONS, INC.

FILED
Apr 21, 2009
Secretary of State

Current Principal Place of Business:

215 NORTH SCENIC HWY
B
FROSTPROOF, FL 33843

New Principal Place of Business:

Current Mailing Address:

215 NORTH SCENIC HWY
B
FROSTPROOF, FL 33843

New Mailing Address:

FEI Number: 26-2181445

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAVEZ, NATALIO
4719 WALES STREET
LAKE WALES, FL 33859 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: P () Delete
Name: CHAVEZ, NATALIO
Address: 4719 WALES STREET
City-St-Zip: LAKE WALES, FL 33859 FL

Title: VP () Delete
Name: CHAVEZ, HOMAR
Address: 15 FORT CLINCH HEIGHTS ROAD
City-St-Zip: FROSTPROOF, FL 33843

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: NATALIO CHAVEZ

P

04/21/2009

Electronic Signature of Signing Officer or Director

_____ Date