

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003670

FILED  
Jan 13, 2006  
Secretary of State

Entity Name: CGB DIVERSIFIED SERVICES, INC.

## Current Principal Place of Business:

2275 W. MORTON AVE.  
JACKSONVILLE, IL 62650

## New Principal Place of Business:

## Current Mailing Address:

1001 SERVICE ROAD E HWY 190  
SUITE 200  
COVINGTON, LA 70433

## New Mailing Address:

FEI Number: 72-1404546      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: ADAMS, KEVIN  
Address: P.O. BOX 249  
City-St-Zip: MANDEVILLE, LA 70470

Title: DST ( ) Delete  
Name: PEMBERTON, RICHARD S  
Address: P.O. BOX 249  
City-St-Zip: MANDEVILLE, LA 70470

Title: DP ( ) Delete  
Name: CLARK, RODNEY L  
Address: 2275 W. MORTON AVE.  
City-St-Zip: JACKSONVILLE, IL 62650

Title: V ( ) Delete  
Name: MCCLELLAND, JAMES C  
Address: 2275 W. MORTON AVE.  
City-St-Zip: JACKSONVILLE, IL 62650

Title: AS ( ) Delete  
Name: GERARVE, ROBIN B  
Address: P.O. BOX 249  
City-St-Zip: MANDEVILLE, LA 70470

## 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:

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 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: STEPHANIE MATHIEU

ACCT

01/13/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date