

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003670

FILED  
Mar 26, 2009  
Secretary of State

Entity Name: CGB DIVERSIFIED SERVICES, INC.

## Current Principal Place of Business:

15 PERMAC ROAD  
JACKSONVILLE, IL 62650 26

## New Principal Place of Business:

1608 B WEST LAFAYETTE  
JACKSONVILLE, IL 62650 26

## Current Mailing Address:

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

## New Mailing Address:

1127 HWY 190 EAST SERVICE ROAD  
COVINGTON, LA 70433

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 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: ROBIN GERARVE

AS

03/26/2009

Electronic Signature of Signing Officer or Director

Date