2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003670

Entity Name: CGB DIVERSIFIED SERVICES, INC.

FILED Apr 04, 2012 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
Current Finicipal Flace of Business.	New Fillicipal Flace Of Busiliess

1608 B WEST LAFAYETTE JACKSONVILLE, IL 62650 26

Current Mailing Address: New Mailing Address:

POST OFFICE BOX 249 MANDEVILLE, LA 70470

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

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

OFFICERS AND DIRECTORS:

Title:

Name: ADAMS, KEVIN Address: P.O. BOX 249

City-St-Zip: MANDEVILLE, LA 70470

Title: DST

Name: PEMBERTON, RICHARD S Address: P.O. BOX 249

City-St-Zip: MANDEVILLE, LA 70470

Title: DP

 Name:
 CLARK, RODNEY L

 Address:
 2275 W. MORTON AVE.

 City-St-Zip:
 JACKSONVILLE, IL 62650

Title: \

Name: MCCLELLAND, JAMES C Address: 2275 W. MORTON AVE. City-St-Zip: JACKSONVILLE, IL 62650

Title: AS

Name: GERARVE, ROBIN B Address: P.O. BOX 249

City-St-Zip: MANDEVILLE, LA 70470

I hereby 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 all other like empowered.

SIGNATURE: ROBIN GERARVE AS 04/04/2012