


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 22, 2008 08:00 AM**  
**Secretary of State**


**DOCUMENT # H05313**  
 1. Entity Name  
 CBLS, INC.



Principal Place of Business  
 1623 S.W. 6TH AVENUE  
 CAPE CORAL, FL 33991

Mailing Address  
 1623 S.W. 6TH AVENUE  
 CAPE CORAL, FL 33991

**DO NOT WRITE IN THIS SPACE**



04012008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2462939</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

CRAMER, MARY J  
 1405 S.W. 5TH PL  
 CAPE CORAL, FL 33991

**DO NOT WRITE IN THIS SPACE**

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 reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

U00000914434  
 05/08/08-80056-022 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CRAMER, HENRY M 1405 S.W. 5TH PL CAPE CORAL, FL 33991
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CRAMER, DAVID 1623 S.W. 6TH AVENUE CAPE CORAL, FL 33991
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CRAMER, DANIEL 608 S.E. 8TH STREET CAPE CORAL, FL 33991
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Henry M. Cramer 4/16/08 (239) 574-6849

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