

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H05313

FILED  
Apr 23, 2012  
Secretary of State

Entity Name: CBLS, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 59-2462939

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CRAMER, HENRY M  
Address: 1405 S.W. 5TH PL  
City-St-Zip: CAPE CORAL, FL 33991

Title: S  
Name: CRAMER, DAVID  
Address: 1623 S.W. 6TH AVENUE  
City-St-Zip: CAPE CORAL, FL 33991

Title: T  
Name: CRAMER, DANIEL  
Address: 608 S.E. 8TH STREET  
City-St-Zip: CAPE CORAL, FL 33991

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: HENRY CRAMER

P

04/23/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date