

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K50643

**FILED**  
**Apr 17, 2006**  
**Secretary of State**

**Entity Name:** CABBILL ENTERPRISES, INC.

**Current Principal Place of Business:**

3663 LOWSON BLDV.  
DELRAY, FL 33445

**New Principal Place of Business:**

3663 LOWSON BLVD.  
DELRAY BEACH, FL 33445

**Current Mailing Address:**

3663 LOWSON BLDV.  
DELRAY, FL 33445

**New Mailing Address:**

3663 LOWSON BLVD.  
DELRAY BEACH, FL 33445

**FEI Number:** 65-0087540

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SZYMANSKI, CAMILLA  
3663 LOWSON BLVD.  
DELRAY, FL 33445 US

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

SZYMANSKI, CAMILLA W.  
3663 LOWSON BLVD.  
DELRAY BEACH, FL 33445 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: CAMILLA W. SZYMANSKI

04/17/2006

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PST ( ) Delete  
Name: SZYMANSKI, CAMILLA,  
Address: 3663 LOWSON BLVD.  
City-St-Zip: DELRAY, FL

Title: D ( ) Delete  
Name: SZYMANSKI, CAMILLA,  
Address: 3663 LOWSON BLVD.  
City-St-Zip: DELRAY, FL

Title: VD ( ) Delete  
Name: SZYMANSKI, WILLIAM J.,  
Address: 3663 LOWSON BLLVD.  
City-St-Zip: DELRAY, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PST (X) Change ( ) Addition  
Name: SZYMANSKI, CAMILLA W.,  
Address: 3663 LOWSON BLVD.  
City-St-Zip: DELRAY BEACH, FL

Title: D (X) Change ( ) Addition  
Name: SZYMANSKI, CAMILLA W.,  
Address: 3663 LOWSON BLVD.  
City-St-Zip: DELRAY BEACH, FL

Title: VD (X) Change ( ) Addition  
Name: SZYMANSKI, WILLIAM J.,  
Address: 3663 LOWSON BLVD.  
City-St-Zip: DELRAY BEACH, FL

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: CAMILLA W. SZYMANSKI

PST

04/17/2006

Electronic Signature of Signing Officer or Director

Date