2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# L39148

Entity Name: CBG PROPERTIES, INC.

Current Principal Place of Business:

45 N BEAL PKWY
FT WALTON BEACH, FL 32548 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1600
FT WALTON BEACH, FL 32549 US

New Mailing Address:

FEI Number: 59-2980771 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARKER, GENE G
45 N BEAL PKWY
SUITE 130
FT WALTON BEACH, FL 32548 US

Name and Address of New Registered Agent:

BARKER, GENE G
45 N BEAL PKWY
FT WALTON BEACH, FL 32548 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: GENE G. BARKER 01/06/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: JAY, J. STEVE,
Address: 36474 A EMERALD COAST PKWY, #1201
City-St-Zip: DESTIN, FL

Title: DS ( ) Delete
Name: CUMMINS, MARJORIE L.,
Address: 45 BEAL PARKWAY, NE
City-St-Zip: FT. WALTON BEACH, FL

Title: DT ( ) Delete
Name: BARKER, GENE G.,
Address: 45 BEAL PARKWAY, NE
City-St-Zip: FT. WALTON BEACH, FL

Title: DV ( ) Delete
Name: HENDERSON, JOSEPH W.,
Address: 45 BEAL PARKWAY, NE
City-St-Zip: FT WALTON BCH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: JAY, J. STEVE,
Address: 36474C EMERALD COAST PARKWAY SUITE 3301
City-St-Zip: DESTIN, FL 32541

Title: DS (X) Change ( ) Addition
Name: CUMMINS, MARJORIE L.,
Address: 36474C EMERALD COAST PARKWAY SUITE 3301
City-St-Zip: DESTIN, FL 32541

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: GENE G BARKER DT 01/06/2009
Electronic Signature of Signing Officer or Director Date