

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 01, 2004 8:00 am
Secretary of State

05-03-2004 90740 046 ***150.00

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| | | | |
|---|--|---|--|
| DOCUMENT # P03000053168 | | | |
| 1. Entity Name CB FEDERAL ENTERPRISES, INC. <i>5372 Sandham Pl</i> | | | |
| Principal Place of Business 610 BOSWPRIT LANE LONGBOAT KEY, FL 34228 | | Mailing Address 610 BOSWPRIT LANE LONGBOAT KEY, FL 34228 | |
| 2. Principal Place of Business <i>5372 SANDHAMN PL</i> | | 3. Mailing Address <i>5372 SANDHAMN PLACE</i> | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State <i>LONGBOAT KEY, FL</i> | | City & State <i>LONGBOAT KEY, FL</i> | |
| Zip <i>34228</i> | | Zip <i>34228</i> | |
| Country <i>USA</i> | | Country <i>USA</i> | |
| 4. FEI Number <i>58-2669639</i> | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent DICKSON, CLARA BOOTHE 610 BOSWPRIT LANE LONGBOAT KEY, FL 34228 <i>old address</i> | | 7. Name and Address of New Registered Agent | |
| Name <i>new address:</i> <i>5372 Sandhamn Pl.</i> | | Street Address (P.O. Box Number is Not Acceptable) | |
| City <i>FL</i> | | Zip Code | |
| 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DICKSON, CLARA BOOTHE | NAME | DICKSON, CLARA BOOTHE |
| STREET ADDRESS | 610 BOSWPRIT LANE | STREET ADDRESS | 5372 SANDHAMN PLACE |
| CITY-ST-ZIP | LONGBOAT KEY, FL 34228 <i>old address</i> | CITY-ST-ZIP | LONGBOAT KEY, FL 34228 |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Clara S. Boothe</i> | | <i>28 Apr 04 941-353-9888</i> | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |