

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003670

Entity Name: CGB DIVERSIFIED SERVICES, INC.**Current Principal Place of Business:**1127 HIGHWAY
190 EAST SERVICE ROAD
COVINGTON, LA 70433**Current Mailing Address:**1127 HIGHWAY
190 EAST SERVICE ROAD
COVINGTON, LA 70433 US**FEI Number: 72-1404546****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	D
Name	ADAMS, KEVIN D.
Address	1127 HIGHWAY 190 EAST SERVICE ROAD
City-State-Zip:	COVINGTON LA 70433

Title	DP
Name	CLARK, RODNEY L
Address	1127 HIGHWAY 190 EAST SERVICE ROAD
City-State-Zip:	COVINGTON LA 70433

Title	ASSISTANT SECRETARY
Name	GERARVE, ROBIN B
Address	1127 HIGHWAY 190 EAST SERVICE ROAD
City-State-Zip:	COVINGTON LA 70433

Title	DIRECTOR, SECRETARY, TREASURER
Name	PEMBERTON, RICHARD S
Address	1127 HIGHWAY 190 EAST SERVICE ROAD
City-State-Zip:	COVINGTON LA 70433

Title	V
Name	MCCLELLAND, JAMES C
Address	1127 HIGHWAY 190 EAST SERVICE ROAD
City-State-Zip:	COVINGTON LA 70433

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: ROBIN B. GERARVE**ASSISTANT SECRETARY 04/28/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date