

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003670

Entity Name: CGB DIVERSIFIED SERVICES, INC.**Current Principal Place of Business:**1608 B WEST LAFAYETTE
JACKSONVILLE, IL 62650**Current Mailing Address:**POST OFFICE BOX 249
MANDEVILLE, LA 70470**FEI Number: 72-1404546****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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
Address	P.O. BOX 249
City-State-Zip:	MANDEVILLE LA 70470

Title	DST
Name	PEMBERTON, RICHARD S
Address	P.O. BOX 249
City-State-Zip:	MANDEVILLE LA 70470

Title	DP
Name	CLARK, RODNEY L
Address	2275 W. MORTON AVE.
City-State-Zip:	JACKSONVILLE IL 62650

Title	V
Name	MCCLELLAND, JAMES C
Address	2275 W. MORTON AVE.
City-State-Zip:	JACKSONVILLE IL 62650

Title	AS
Name	GERARVE, ROBIN B
Address	P.O. BOX 249
City-State-Zip:	MANDEVILLE LA 70470

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 GERARVE**ASST. SECRETARY****04/23/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date