


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 14, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 395977**  
 1. Entity Name  
**CBC ELECTRONICS, INC.**



Principal Place of Business <b>31629 LONG ACRES DRIVE          SUITE 1          SORRENTO, FL 32776 US</b>	Mailing Address <b>PO BOX 1449          SORRENTO, FL 32776 US</b>
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**DO NOT WRITE IN THIS SPACE**



01102008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-1416390</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**KEIKES III, WILLIAM  
 31242 SOARING HAWK LN  
 SORRENTO, FL 32776**

**DO NOT WRITE IN THIS SPACE**

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 WILLIAM KEIKES III *William Keikes III* 1-10-08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restate/filing) DATE

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MS KEIKES, JOANNE L OFFICER 24926 OLMAC ROAD SORRENTO, FL 32776
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR KEIKES III, WILLIAM PRES 31242 SOARING HAWK LN SORRENTO, FL 32776
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: JOANNE L. KEIKES *Joanne L Keikes* 1-10-08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # (352)735-2242