


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2005 08:00 AM**  
**Secretary of State**

|                                                                                  |                                                                                   |
|----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # 474853</b><br>1. Entity Name<br>CONTINENTAL BUSINESS HOUSING, INC. |  |
|----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                              |                                                                  |
|------------------------------------------------------------------------------|------------------------------------------------------------------|
| Principal Place of Business<br>3340 SCHERER DRIVE<br>ST PETERSBURG, FL 33716 | Mailing Address<br>3340 SCHERER DRIVE<br>ST PETERSBURG, FL 33716 |
|------------------------------------------------------------------------------|------------------------------------------------------------------|



04192005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

|                                                           |                                |
|-----------------------------------------------------------|--------------------------------|
| 4. FEI Number<br>59-2026659                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

|                                                                                                                              |                                   |
|------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>GEHRAND, WILLIAM A.<br>3340 SCHERER DRIVE<br>ST. PETERSBURG, FL 33716 | <b>DO NOT WRITE IN THIS SPACE</b> |
|------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**


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

| 10. OFFICERS AND DIRECTORS                     |                                                                       |
|------------------------------------------------|-----------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>GEHRAND, WILLIAM<br>3340 SCHERER DRIVE<br>ST. PETERSBURG, FL    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STD<br>GEHRAND, GERALD L.<br>3340 SCHERER DRIVE<br>ST. PETERSBURG, FL |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                       |

**DO NOT WRITE IN THIS SPACE**

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04/22/05-80017-005 150.00

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:**  William A. Gehrand 4/19/05 727-572-7080  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #