

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90033 011 ***150.00

DOCUMENT # 852764

1. Entity Name
C. B. PROPERTIES, INC. OF JACKSONVILLE



Principal Place of Business
3225 CUMBERLAND BLVD
STE. 100
ATLANTA, GA 30339

Mailing Address
3225 CUMBERLAND BLVD
STE. 100
ATLANTA, GA 30339



01082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 63-0583878	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when constituting)

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	PASD LENKER, MAX V. 3225 CUMBERLAND BLVD STE 100 ATLANTA, GA 30339
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CASC BOLCH, CARL, JR 3225 CUMBERLAND BLVD STE 100 ATLANTA, GA 30339
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BOLCH, SUSAN BASS 3225 CUMBERLAND BLVD, STE. 100 ATLANTA, GA 30339
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TCFO DUMBACHER, ROBERT J. 3225 CUMBERLAND BLVD, STE - 100 ATLANTA, GA 30339
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPAS GURA, PHILIP P 3225 CUMBERLAND BLVD, STE. 100 ATLANTA, GA 30339
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MORAN, ALLISON BOLCH 3225 CUMBERLAND BLVD, STE. 100 ATLANTA, GA 30339

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-08 770-431-7600

Date

Daytime Phone #