

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90178 017 ***150.00

DOCUMENT # F03000002640

1. Entity Name

CDM MANUFACTURING COMPANY, INC.



Principal Place of Business

280 GULF SHORE DRIVE
#443
DESTIN FL 32541

Mailing Address

280 GULF SHORE DRIVE
#443
DESTIN FL 32541

900 GULF SHORE DR. #1043



2. Principal Place of Business

DESTIN FL
900 GULF SHORE DR.
#1043

3. Mailing Address

900 GULF SHORE DR.
#1043

City & State

DESTIN, FL 32541

City & State

DESTIN, FL

4. FEI Number

33-0521622

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BALLSMITH, JOAN
280 GULF SHORE DRIVE
DESTIN FL 32541

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Joan Ballsmith

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-24-06

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE CP ☐ Delete
NAME BALLSMITH, JACK R
STREET ADDRESS 280 GULF SHORE DRIVE
CITY-ST-ZIP DESTIN FL 32541

TITLE VST ☐ Delete
NAME BALLSMITH, JOAN
STREET ADDRESS 280 GULF SHORE DRIVE
CITY-ST-ZIP DESTIN FL 32541

TITLE DV ☐ Delete
NAME BALLSMITH, MICHAEL
STREET ADDRESS 6916 CASCADE AVE. S.E.
CITY-ST-ZIP SNOQUALMIE WA 98065

TITLE D ☐ Delete
NAME GALLIGAN, CINDY
STREET ADDRESS 47 HILLCREST
CITY-ST-ZIP SUMMIT NJ 07901

TITLE D ☐ Delete
NAME BALLSMITH, DAVID
STREET ADDRESS 9762 LACRESTA CIRCLE
CITY-ST-ZIP HUNTINGTON BEACH CA 92646

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Joan Ballsmith

2-24-06 602-908-7193