## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Jul 25, 2007 8:00 am **ANNUAL REPORT (AR) Secretary of State** DOCUMENT #F03000002640 07-25-2007 90044 020 \*\*\*150.00 CDM MANUFACTURING COMPANY, INC. Principal Place of Business Mailing Address "300 GULF SHORE DR ZOO GULF SHOKE T SOO GULF SHORE OR ZOO GULF SHORED DESTIN FL 32541 DESTIN FL 32541 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 200 GULFSHORE DR Suite, Apt. #, etc. 半721 Suite, Apt. #, etc. 2nd MOORE CR2E034 (4/07) City & State City & State Applied For 4. FEI Number 1 33-0521622 Destin Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BALLSMITH, JOAN 900 GULF SHORE DR 200 GULF SHORE DIQUE Street Address (P.O. Box Number is Not Acceptable) #1043 DESTIN FL 32541 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 INOTE: Registered Agent signafore required when reinstating) FILE NOW!!! FEE IS \$550.00 \$.607 193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 5, 2007 late fee. By checking this box, the corporation certifies it, Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. -fifte CP ☐ Delete 11TLE Addition BALLSMITH, JACK R 🕢 NAME NAME 900 GULF SHORE DR. #1049 200 GULF SHOKES RE 121 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DESTIN FL 32541 . CITY-ST-ZIP NST TITLE ☐ Delete TITLE Change Addition BALLSMITH, JOAN DESTINE COEST STREET ADDRESS DESTIN FL 32541 CITY-ST-ZIP CITY-SI-ZIP TITLE Delete ☐ Change Addition NAME BALLSMITH, MICHAEL STREET ADDRESS 6916 CASCADE AVE. S.E. STREET ADDRESS CITY-ST-ZIP SNOQUALMIE WA 98065 CITY-ST-ZIP TITLE ☐ Delete TETEF Change ☐ Addition GALLIGAN, CINDY NAME NAME **47 HILLCREST** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SUMMIT NJ 07901 CITY-ST-ZIP TITLE Delete Addition BALLSMITH DAVID BALLSMITH, DAVID NAME NAME STREET ADDRESS 9762 LACRESTA CIRCLE STREET ADDRESS FOUNTAIN VALLEY, CA 92708-2236 HUNTINGTON BEACH CA 92646 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 reliever 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 DIRECTO

7-19-07 850-650-2820

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