

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 08:00 AM
Secretary of State

DOCUMENT # F05000006572

1. Entity Name
CBB CARRIER SERVICES, INC.



Principal Place of Business
150 WEST BRAMBLETON AVENUE
NORFOLK, VA 23510

Mailing Address
150 WEST BRAMBLETON AVENUE
NORFOLK, VA 23510



04092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3730948

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE DS
NAME FRIDDELL, GUY R III
STREET ADDRESS 150 WEST BRAMBLETON AVENUE
CITY-ST-ZIP NORFOLK, VA 23510

TITLE P
NAME WATKINS, CHARLES L
STREET ADDRESS 235 MONTICELLO AVENUE
CITY-ST-ZIP NORFOLK, VA 23510

TITLE VP
NAME GRIFFIN, OWEN D
STREET ADDRESS 235 MONTICELLO AVENUE
CITY-ST-ZIP NORFOLK, VA 23510

TITLE AS
NAME GOETZ, SUSAN S
STREET ADDRESS 150 WEST BRAMBLETON AVENUE
CITY-ST-ZIP NORFOLK, VA 23510

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000719006
05/01/07-80045-007 150.00

**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 Susan S. Goetz Susan S. Goetz 4/19/07 757-446-2013
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #