

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # J05650

1. Entity Name
CMB MARKETING CONSULTANTS, INC.



Principal Place of Business

**20 LAKE WIRE
202
LAKELAND, FL 33875 US**

Mailing Address

**P.O. BOX 24268
LAKELAND, FL 33802-4268 US**

DO NOT WRITE IN THIS SPACE



02012004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2663433

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CAMERON, HAROLD
1217 TIMBERIDGE LOOP S
LAKELAND, FL 33809**

**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 consenting)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**400000033992
02/05/04-80064-025 150.00**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CAMERON, HAROLD
STREET ADDRESS 1217 TIMBERIDGE LOOP S
CITY-ST-ZIP LAKELAND, FL

TITLE D
NAME HANCOCK, V.A.
STREET ADDRESS 3908 SABAL PALM COURT
CITY-ST-ZIP BRANDON, FL

TITLE TD
NAME VAVRA, BARBARA
STREET ADDRESS 1515 LESLIE DR.
CITY-ST-ZIP LAKELAND, FL

TITLE D
NAME PALMER, RICHARD J
STREET ADDRESS 1207 HAMMOCK SHADE DR
CITY-ST-ZIP LAKELAND, FL

TITLE VD
NAME CHIOZZA, FRANK E
STREET ADDRESS 4615 APPLE RIDGE LANE
CITY-ST-ZIP TAMPA, FL

TITLE SD
NAME CLEMENTS, DEBORAH K
STREET ADDRESS 6245 OAKVIEW LANE
CITY-ST-ZIP LAKELAND, FL 33811

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Barbara E. Vavra **Barbara E. Vavra, Treas**

2-2-04 **Date**

813-682-0300 **Daytime Phone #**