

2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90220 047 ***150.00

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01032007 Chg-P CR2E034 (12/06)

DOCUMENT # J05650					
1. Entity Name CMB MARKETING CONSULTANTS, INC.					
Principal Place of Business 20 LAKE WIRE DR. 100 LAKELAND, FL 33815 US			Mailing Address P.O. BOX 24268 LAKELAND, FL 33802-4268 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2663433	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CHIOZZA, FRANK E. 4615 APPLE RIDGE LANE TAMPA, FL 33624			Name		
			Street Address (P.O. Box Number is Not Acceptable) 4442 Marchmont Blvd		
			City Land O'Lakes FL Zip Code 34638		
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 <u>Frank E Chiozza</u> DATE <u>1-4-2007</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMERON, HAROLD R. 1217 TIMBERIDGE LOOP S. LAKELAND, FL 33809	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANLEY, VIVIAN H. 3908 SABAL PALM COURT BRANDON, FL 33511	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOMPKINS, JOHN A. 2004 ROXSBURGH LAKELAND, FL 33813	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1693 Mahaffey Circle Lakeland, FL 33811	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PALMER, RICHARD J 1207 HAMMOCK SHADE DR LAKELAND, FL 33809	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHIOZZA, FRANK E 4615 APPLE RIDGE LANE TAMPA, FL 33624	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4442 Marchmont Blvd Land O'Lakes, FL 34638	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CLEMENTS, DEBORAH K 6245 OAKVIEW LANE LAKELAND, FL 33811	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Frank Chiozza</u>			Date <u>1/4/2007</u> Daytime Phone # <u>863-682-0300</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					