2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 07, 2005 08:00 AM Secretary of State

DOCUMENT # K95896 1. Entity Name CHB, INCORPORATED				Secretary of State			
Principal Place of Business Mailing Address 3105 FAIRLEA LANE P.O. BOX 2870 VALRICO, FL 33594 US BRANDON, FL 33509-9870 U			JS				
E	O NOT WRITE II	,	01072005 No Chg-P CR2E034 (10/03) 4. FEI Number				
		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, typod or prised name of registered agent and still applicable. (NOTE: Registered Agent signature required when renetating) ATE							h, and accept
FILE NOWILL FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution.				.00 May Be ed to Fees			
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRE P STACENER, M E 3417 5TH DR W PALMETTO, FL 34221	CTORS	N		U90000 04/07/05-	292101 80057-010	เรก กก่
TITLE NAME STREET ADDRESS CUTY-ST-ZIP			· ·				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT W		regulaturi i e e e e e e e e e e e e e e e e e e
FITLE NAME STREET ADDRESS CITY-ST-ZIP				iN	THIS SP	ACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						s	***************************************
TITLE NAME STREET ADDRESS CITY-ST-ZIP					a		
12. I hereby of indicated of the cor	pertify that the information supplied with this fi on this report or supplemental report is true poration or the receiver or trustee empowers	ling does not qualify for the exen and accurate and that my signati to execute this report as require	nption stated in Sec ure shall have the s ed by Chapter 607,	ction 119.07(3) same legal effec , Florida Statute	(i), Florida Statutes. I i as if made under oa es; and that my name	further certify that the oth; that I am an offic appears in Block 10	information er or director or Block 11 if