

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

05 SEP 16 PM 12:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
50066913



06282005 No Chg-P CR2E034 (10/03)

DOCUMENT # K99679

1. Entity Name  
CMB DEVELOPMENT, INC.



Principal Place of Business  
918 W 1ST STREET  
SANFORD, FL 32771

Mailing Address  
918 W 1ST STREET  
SANFORD, FL 32771

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

BAYHI, BARBARA S  
918 WEST 1ST STREET  
SANFORD, FL 32771

**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 *Barbara S. Bayhi*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*9/6/05*  
DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE ST  
NAME BAYHI, BARBARA SUE  
STREET ADDRESS 918 WEST 1ST STREET  
CITY-ST-ZIP SANFORD, FL 32771

TITLE P  
NAME BAYHI, CRAIG M  
STREET ADDRESS 918 WEST 1ST STREET  
CITY-ST-ZIP SANFORD, FL 32771

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

600053793356  
09/20/05--01058--006 \*\*\*150.00

**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)(i), 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 *Craig M. Bayhi*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*9/6/05* *407-322-3459*  
Date Daytime Phone #