


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # L39148 1. Entity Name CBG PROPERTIES, INC.	
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Principal Place of Business 45 N BEAL PKWY FT WALTON BEACH, FL 32548 US	Mailing Address PO BOX 1600 FT WALTON BEACH, FL 32549 US
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01162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2980771	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BARKER, GENE G
45 N BEAL PKWY
SUITE 130
FT WALTON BEACH, FL 32548

**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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JAY, J. STEVE 36474 A EMERALD COAST PKWY, #1201 DESTIN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CUMMINS, MARJORIE L. 45 BEAL PARKWAY, NE FT. WALTON BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BARKER, GENE G. 45 BEAL PARKWAY, NE FT. WALTON BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HENDERSON, JOSEPH W. 45 BEAL PARKWAY, NE FT WALTON BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/20/04-80059-011 150.00

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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 persons empowered.

SIGNATURE: Gene G. Barker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/04 850-244-5121
Date Daytime Phone #