


FILED

Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000010468		
1. Entity Name CB CONSULTING, INC.		
Principal Place of Business.	Mailing Address	
511 MOSS AVENUE CLEARWATER, FL 33759	511 MOSS AVENUE CLEARWATER, FL 33759	



DO NOT WRITE IN THIS SPACE



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3623376		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	
BLICKLE, CHARLES P 511 MOSS AVENUE CLEARWATER, FL 33759	DO NOT WRITE IN THIS SPACE

**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 reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	P BLICKLE, CHARLES P 511 MOSS AVENUE CLEARWATER, FL 337593432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BLICKLE, CONSUELO 511 MOSS AVENUE CLEARWATER, FL 337593432
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**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-07-05

Date _____

727-747-6268

Device Phone #