


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000016711 1. Entity Name CGMA, INC.			
Principal Place of Business 3540 NW 30TH BLVD. GAINESVILLE, FL 32605		Mailing Address 3540 NW 30TH BLVD. GAINESVILLE, FL 32605	
DO NOT WRITE IN THIS SPACE			
6. Name and Address of Current Registered Agent PEEK, DAVID H 1301 RIVERPLACE BLVD., STE. 1609 JACKSONVILLE, FL 32207		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		DO NOT WRITE IN THIS SPACE	
TITLE	D		
NAME	AGUIRRE, MICHAEL J		
STREET ADDRESS	3540 NW 30TH BLVD.		
CITY-ST-ZIP	GAINESVILLE, FL 32605		
TITLE	D		
NAME	AGUIRRE, LUCY C		
STREET ADDRESS	3540 NW 30TH BLVD.		
CITY-ST-ZIP	GAINESVILLE, FL 32605		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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: <i>Lucy C. Aguirre</i>		LUCY C. AGUIRRE 4/11/06 352-371-1640	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	



04102006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3632256	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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04/29/06-80010-006 150.00^M