


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000003115
 1. Entity Name
 C&B ENTERPRISES OF CAPE CORAL, INC.



Principal Place of Business: 514 NE 16TH PL, STE 6, CAPE CORAL, FL 33909
 Mailing Address: 2704 SE 23RD AVE, CAPE CORAL, FL 33904

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04132005 No Chg-P CR2E034 (10/03)

4. FEI Number: 80-0037752 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 SCHUTT, DARRIN R
 STE C 1105 CAPE CORAL PKWY E
 CAPE CORAL, FL 33904

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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, 2005 Fee will be \$550.00
 9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 000000328304
 04/22/05-80046-018 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	NORTH, HARLOD G III
STREET ADDRESS	2704 SE 23RD AVE
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	VP
NAME	NORTH, CHARLENE A
STREET ADDRESS	2704 SE 23RD AVE
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Harold G. North 4-20-05 239-574-9636
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #