2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 04, 2004 08:00 AM DOCUMENT # P02000013881 **Secretary of State** 1. Entity Name CBE INVESTMENTS, INC. Principal Place of Business Mailing Address 62 E. GRANADA BLVD. 62 E. GRANADA BLVD. ORMOND BEACH FL 32176 ORMOND BEACH FL 32176 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 04-3670825 Not Applicable Country Zφ Country Ζø \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GUNTHARP, PAUL M JR, ESQ 185 CYPRESS POINT PKWY., STE. 6 Street Address (P.O. Box Number is Not Acceptable) PALM COAST FL 32164 Cdv Zip Code 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) CATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2004 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change Addition HILE ☐ Delete TITLE U000000034421 NAME BUTERA, BENJAMIN P NAME 02/05/04-80081-024 150.00 STREET ADDRESS 62 E. GRANADA BLVD. STREET ADDRESS ORMOND BEACH FL 32176 CITY-ST-ZIP CITY-ST-ZIP MILE ☐ Oetete 3:TLE Change ☐ Addition NAME SCHATZ, EDWARD E JR HAME STREET ADDRESS STREET ADDRESS PO BOX 789 CITY-ST-ZIP BUNNELL FL 32110 CITY - ST - ZIP TITLE Delete TITLE Change Addition 33.5.65 BUTERA, CHRISTOPHER B NANAF STREET ADDRESS STREET ADDRESS 62 E. GRANADA BLVD. CITY-ST-ZIP CITY-ST-ZIP ORMOND BEACH FL 32176 THILE ☐ Delete TETLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - 97-7/P CITY-51-ZIP Delete Chance TITLE TSSEE ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CRTY-ST-ZIP CHTY - ST - ZIP TITLE ☐ Change Addition THLE Celete HAME STREET ADDRESS STREET ADDRESS CATY-ST-ZIP CRTY-ST-ZRP 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 outs, 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.

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SIGNATURE:

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786-676-2789