2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000013881

1. Entity Name
CBE INVESTMENTS, INC.

Principal Place of Business	Mailing Address
62 E. GRANADA BLVD. ORMOND BEACH, FL 32176	62 E. GRANADA BLVD. ORMOND BEACH, FL 32176

03242006 No Chg-P CR2E034 (11/05)

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4. FEI Number
04-3670825
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GUNTHARP, PAUL M JR, ESQ
185 CYPRESS POINT PKWY., STE. 6
PALM COAST, FL 32164

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (FAX #, registered agent signature required when e-mailing)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BUTERA, BENJAMIN P
STREET ADDRESS	62 E. GRANADA BLVD.
CITY ST ZIP	ORMOND BEACH, FL 32176
TITLE	D
NAME	SCHATZ, EDWARD E JR
STREET ADDRESS	PO BOX 789
CITY-ST ZIP	BUNNELL, FL 32110
TITLE	D
NAME	BUTERA, CHRISTOPHER B
STREET ADDRESS	62 E. GRANADA BLVD.
CITY ST ZIP	ORMOND BEACH, FL 32176
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 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: _____ Christopher B. Butera 3/24/06 386 676-2789
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #