

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000023639**

1. Entity Name  
CBG FLORIDA REIT CORP.



Principal Place of Business

201 E. PINE ST.  
ORLANDO, FL 32801

Mailing Address

ONE COMMERCE STREET, SUITE 303  
MONTGOMERY, AL 36104



03072007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
01-0636766

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION, FL 33324

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000672080  
03/28/07-80054-007 750.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BARKSDALE, ARTHUR
STREET ADDRESS	201 E. PINE ST.
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	D
NAME	PARRISH, HARLAN
STREET ADDRESS	27200 RIVERVIEW CENTER
CITY-ST-ZIP	BONITA SPRINGS, FL 34134
TITLE	D
NAME	SLEAFORD, MICHAEL
STREET ADDRESS	201 E PINE ST
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	V
NAME	REIMER, DAVID
STREET ADDRESS	ONE COMMERCE STREET
CITY-ST-ZIP	MONTGOMERY, AL 36104
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #