2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P02000078940

Entity Name

CB SERVICES OF NORTH FLORIDA, INC.



FILED May 03, 2007 08:00 A Secretary of State

Principal Place of Business

11 ZERINGTON CT PALM COAST, FL 32164 Mailing Address

11 ZERINGTON CT PALM COAST, FL 32164



04212007

No Chg-P

CR2E034 (11/05)

4. FEI Number 51-0416486 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MILES, CONNIE S 11 ZERINGTON CT PALM COAST, FL 32164

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 CONNIE MILES Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOWII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign F Trust Fund Contribut		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MILES, CONNIE S 11 ZERINGTON CT PALM COAST, FL 32164				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST MILES, ROBERT E 11 ZERINGTION CT PALM COAST, FL 32164				U00000758052 05/23/07-80096-004 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					e en
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.					