

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000024468

Entity Name: CBT OF NORTH FLORIDA, INC.

FILED
Apr 27, 2005
Secretary of State

Current Principal Place of Business:

25125 W NEWBERRY RD
NEWBERRY, FL 32669

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 1409
NEWBERRY, FL 32669

New Mailing Address:

FEI Number: 57-1151685

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARVER, GARY
25125 W NEWBERRY RD
NEWBERRY, FL 32669 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: CARVER, GARY
Address: P.O.BOX 1409
City-St-Zip: NEWBERRY, FL 32669

Title: DV () Delete
Name: BIELLING, DONALD J
Address: RT 3 BOX 164 A
City-St-Zip: LAKE BUTLER, FL 32054

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY CARVER

DP

04/27/2005

Electronic Signature of Signing Officer or Director

Date