

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000024468

**FILED**  
**Apr 10, 2012**  
**Secretary of State**

**Entity Name:** CBT OF NORTH FLORIDA, INC.

**Current Principal Place of Business:**

13505 WEST NEWBERRY ROAD, Y-141  
NEWBERRY, FL 32669

**New Principal Place of Business:**

**Current Mailing Address:**

13505 WEST NEWBERRY ROAD, Y-141  
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  
13200 W NEWBERRY RD, Y-141  
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

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: CARVER, GARY  
Address: 13505 W NEWBERRY RD Y-141  
City-St-Zip: NEWBERRY, FL 32669

I hereby 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 all other like empowered.

SIGNATURE: GARY W CARVER

DP

04/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date