


**FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # <b>P03000035998</b>	
1. Entity Name <b>C.B. construction INC</b>	

**FILED**  
06 MAY -1 AM 10:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>2639 N. Monroe ST</b>		3. Mailing Address <b>2639 N. Monroe ST</b>	
Suite, Apt. #, etc. <b>Suite 120-B</b>		Suite, Apt. #, etc. <b>120-B</b>	
City & State <b>Tallahassee Florida</b>		City & State <b>TALLA, FL</b>	
Zip <b>32303</b>	Country <b>LEON</b>	Zip <b>32303</b>	Country <b>LEON</b>

*48*

CR2E034B (8/05)

4. FEI Number <b>38-3676978</b>		Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <b>CHamonezzar H, Banks</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>1432 Breck Dr</b>	
<b>Tallahassee FL</b>	<b>32305</b>
City	Zip Code

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		(NOTE: Registered Agent signature required when reinstating)	DATE _____
<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended AR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>CHamonezzar H, Banks</b> <b>2639 N. Monroe ST Suite 120-B</b> <b>TALLA, FL 32303</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>200075027412</b> <b>05/22/06--01035--007 **150.00</b>
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: <b>CHamonezzar H, Banks</b>	<b>5 / 06</b>	<b>850 566-0941</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>