


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 01, 2008 8:00 am
Secretary of State

08-01-2008 90040 001 ***150.00

DOCUMENT # P03000048252 1. Entity Name ANACONDA CB, INC.					
Principal Place of Business 2 MINUTEMAN CSWY COCOA BEACH, FL 32931			Mailing Address PO BOX 320505 COCOA BEACH, FL 32932-0505		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		07142008 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number 51-0509525	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ARTZ, GEORGE E 3412 S ATLANTIC AVE COCOA BEACH, FL 32931				7. Name and Address of New Registered Agent Name L. GEORGE LEONARD CPA PA Street Address (P.O. Box Number is Not Acceptable) 1485 N. ATLANTIC AVE SUITE 102 City COCOA BEACH FL Zip Code 32931	
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 <i>Elisabeth Norwood Fields</i> <i>AECT Elisabeth</i> <i>7/14/08</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARTZ, GEORGE E JR. 3412 S ATLANTIC AVE COCOA BCH, FL 32931 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 <i>Christina Artz</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			7-29-08 321-7841422 <small>Date Daytime Phone #</small>		