

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

APPROVED  
AND  
FILED


7/25/2005-90097-032-\$158.75-\$158.75

05 SEP 29 PM 1:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1st MOORE CR2E034 (10/04)

<b>DOCUMENT-# P04000085079</b>					
1. Entity Name <b>CNBS FINANCIAL GROUP, INC.</b>					
Principal Place of Business <b>2500 WEST LAKE MARY BOULEVARD LAKE MARY FL 34276</b>			Mailing Address <b>2500 WEST LAKE MARY BOULEVARD LAKE MARY FL 34276</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>830401880</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>IGLER &amp; DAUGHERTY, P.A. 1501 PARK AVENUE EAST TALLAHASSEE FL 32301</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President</i> <b>JERRY H. JOHNS</b> <input type="checkbox"/> Delete <b>2500 W LAKE MARY BLVD</b> <b>LAKE MARY, FL 32726</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>900060212259</b> <b>10/04/05--01046--011 **391.25</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Donald B. BROWN</b> <input type="checkbox"/> Delete <b>2500 W LAKE MARY BLVD</b> <b>LAKE MARY, FL 32726</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>SEP 29 2005</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Russell W. EVANS</b> <input type="checkbox"/> Delete <b>First Vice President</b> <b>2500 W LAKE MARY BLVD</b> <b>LAKE MARY, FL 32726</b>		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	
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	
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	
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Jerry H. Johns Pres</i> 7/15/05					