

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P04000095355

1. Entity Name  
CNBC INVESTMENT CENTERS, INC.



Principal Place of Business  
270 S TAMiami TRAIL TRAIL  
VENICE, FL 34285

Mailing Address  
270 S TAMiami TRAIL TRAIL  
VENICE, FL 34285

**FILED**  
**Sep 11, 2008 08:00 AM**  
**Secretary of State**



07252008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-1469150	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

BALDINGER, ROGER L  
270 S TAMiami TRAIL TRAIL  
VENICE, FL 34285

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

000000959508  
09/11/08-80003-021 150.00

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BALDINGER, ROGER L  
270 S TAMiami TRAIL TRAIL  
VENICE, FL 34285

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
KONDISKO, JOSEPH R  
270 S TAMiami TRAIL TRAIL  
VENICE, FL 34285

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
KONDISKO, ALLANA M  
270 S TAMiami TRAIL TRAIL  
VENICE, FL 34285

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MCKELVEY, WILLIAM G  
270 S TAMiami TRAIL TRAIL  
VENICE, FL 34285

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MCKELVEY, JEANNE W  
270 S TAMiami TRAIL TRAIL  
VENICE, FL 34285

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-10-08

484-6120