

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000042798

Entity Name: CNB SERVICES, INC

FILED  
May 01, 2007  
Secretary of State

## Current Principal Place of Business:

216 S TAMPANIA AVENUE  
TAMPA, FL 33609

## New Principal Place of Business:

3940 DORAL DR  
TAMPA, FL 33634

## Current Mailing Address:

216 S TAMPANIA AVENUE  
TAMPA, FL 33609

## New Mailing Address:

3940 DORAL DR  
TAMPA, FL 33634

FEI Number: 20-2532795

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HYDE PARK ACCOUNTANTS, PA  
2305 W MORRISON AVE  
TAMPA, FL 33629 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: HILTZ, LESLIE  
Address: 216 S TAMPANIA AVENUE  
City-St-Zip: TAMPA, FL 33609

Title: VP ( ) Delete  
Name: HILTZ, DEREK DR  
Address: 216 S TAMPANIA AVENUE  
City-St-Zip: TAMPA, FL 33609

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: HILTZ, LESLIE  
Address: 3940 DORAL DR  
City-St-Zip: TAMPA, FL 33634

Title: VP (X) Change ( ) Addition  
Name: HILTZ, DEREK DR  
Address: 3940 DORAL DR  
City-St-Zip: TAMPA, FL 33634

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LESLIE HILTZ

P

05/01/2007

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

\_\_\_\_\_  
Date