

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90059 049 \*\*\*150.00

DOCUMENT # P05000118504

1. Entity Name  
C.B.S.H. DEVELOPMENT CORP.



Principal Place of Business  
4021 SW 7TH PLACE  
CAPE CORAL, FL 33914 US

Mailing Address  
4021 SW 7TH PLACE  
CAPE CORAL, FL 33914 US

40037028



2. Principal Place of Business - No P.O. Box #  
121 GOLDEN ISLE DRIVE

3. Mailing Address  
121 GOLDEN ISLE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02252007 Chg-P CR2E034 (12/06)

City & State  
HALLANDALE FL

City & State  
HALLANDALE FL

4. FEI Number  
20-3360969

Applied For  
Not Applicable

Zip  
33009

Country

Zip  
33009

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BIGELOW, BRETT L  
121 GOLDEN ISLE DR. #701  
HALLENDALE BEACH, FL 33009

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
AUGUSTO, HENRY  
55 SHANNON AVENUE  
TIVERTON, RI 02878 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VP  
BIGELOW, BRETT L  
4021 SW 7TH PLACE  
CAPE CORAL, FL 33914 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
ST  
BAUSMAN, STEVEN M  
333 CHERRY STREET  
FALL RIVER, MA 02720 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
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STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

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☐ Change ☐ Addition

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

3/15/07

508 965-8209

Date

Daytime Phone #