## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

## **Secretary of State DOCUMENT # P06000058251** 03-26-2007 90057 029 \*\*\*150.00 C & B HOME RESOURCES, INC. Mailing Address Principal Place of Business 40040040 3252 SAGAMORE STREET 3252 SAGAMORE STREET ORLANDO, FL 32827 ORLANDO, FL 32827 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02052007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 20-4797730 Not Applicable \$8.75 Additional Country Zip Country Ζīρ 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SEALS, WILLIAM F Street Address (P.O. Box Number is Not Acceptable) 3252 SAGAMORE STREET ORLANDO, FL 32827 City 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 aignature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fee ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE ■ Addition TITLE ☐ Delete ☐ Change SEALS WILLIAM F NAME NAME 3252 SAGAMORE STREET STREET ADDRESS STREET ADDRESS CITY-ST-7P ORLANDO, FL 32827 CITY-ST-7P Delete TITLE ☐ Addition TITL F Change NAME SEALS, CRISTINA M 3252 SAGAMORE STREET STREET ADORESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32827 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Defete ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP COY-ST-ZP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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

FILED

Mar 26, 2007 8:00 am