

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

06-29-2007 90001 015\*\*\*150.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

40166666

**DOCUMENT # P06000068479**

1. Entity Name  
**CNB ENTERPRISES, INC.**



Principal Place of Business Mailing Address  
4951 EGRET PLACE 4951 EGRET PLACE  
COCONUT CREEK, FL 33073 US COCONUT CREEK, FL 33073 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

03142007 Chg-P CR2E034 (12/06)

4. FEI Number **20-4934746** Applied For Not Applicable

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

MILLER, BRIAN E  
4951 EGRET PLACE  
COCONUT CREEK, FL 33073

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) 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 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
P	MILLER, BRIAN E	4951 EGRET PLACE	COCONUT CREEK, FL 33073	<input type="checkbox"/>	<input type="checkbox"/>
SEC	MILLER, CINDY M	4951 EGRET PLACE	COCONUT CREEK, FL 33072	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: \_\_\_\_\_ Date: **4-25-07** Daytime Phone: **754-40-8159**