

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000125919

Entity Name: C&B MANAGEMENT CORP

**FILED**  
**Jan 10, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

1813 WELLNESS LANE  
NEW PORT RICHEY, FL 34655

## **New Principal Place of Business:**

1813 WELLNESS LANE  
NEW PORT RICHEY, FL 34655 UN

## **Current Mailing Address:**

1813 WELLNESS LANE  
NEW PORT RICHEY, FL 34655

## **New Mailing Address:**

FEI Number: 26-1304578      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

BIRAN C HERNDON PA  
1547 SW HUNNICUT AVE.  
PORT ST LUCIE, FL 34953 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

## **OFFICERS AND DIRECTORS:**

Title: DP  
Name: LANDON, BRUCE  
Address: 1813 WELLNESS LANE  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: DS  
Name: LANDON, CHERYL  
Address: 1813 WELLNESS LANE  
City-St-Zip: NEW PORT RICHEY, FL 34655

I hereby 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 all other like empowered.

SIGNATURE: CHERYL LANDON

DS

01/10/2012

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

\_\_\_\_\_  
Date