2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Feb 06, 2006 8:00 am **Secretary of State** DOCUMENT # P92000002816 1. Entity Name 02-06-2006 90093 005 ***150.00 C&B HOLUB, INC. Principal Place of Business 9034 COUNTRY CLUB BLVD COUNTRY CLUB BLVD SUNNY HILLS FL 32428 SUNNY HILLS FL 32428 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 59-3152654 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HOLUB, CHARLES F Street Address (P.O. Box Number is Not Acceptable) 3634 COUNTRY CLUB BLVD SUNNY HILLS FL 32428 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 16 TITLE Delete TITLE ☐ Change ☐ Addition NAME HOLUB, CHARLES F NAME STREET ADORESS 3634 COUNTRY CLUB BLVD STREET ADDRESS CITY-ST-ZIP SUNNY HILLS FL 32428 CITY-ST-ZIP TITLE ☐ Delete Change ■ Addition NAME HOLUB, BETTY A NAME STREET ADDRESS 3634 COUNTRY CLUB BLVD STREET ADDRESS CITY-ST-ZIP SUNNY HILLS FL 32428 CITY-ST-ZIP TITLE Delete אַוִדִיד ☐ Change —- ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7/P TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

FILED

SIGNATURE: