

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 28, 2004 08:00 AM**

**Secretary of State**

**DOCUMENT # P93000045425**

1. Entity Name  
**C & B WHOLESALE IMPRINTS, INC.**



Principal Place of Business

**4980 SW 52ND ST.  
104  
DAVIE, FL 33314 US**

Mailing Address

**4980 SW 52ND ST  
104  
DAVIE, FL 33314 US**

**DO NOT WRITE IN THIS SPACE**



02262004 No Chg-P CR2E034 (10/03)

4. FEI Number

**65-0418615**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**STANLEY, CHARLES L  
4980 SW 52ND ST  
STE 104  
DAVIE, FL 33314**

**DO NOT WRITE  
IN THIS SPACE**

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**000000071163  
03/01/04-80060-005 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD STANLEY, CHARLES L 4980 SW 52ND ST STE 104 DAVIE, FL 33314
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**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 IRe empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/11/04**  
Date

**954-791-2411**  
Daytime Phone #