

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000023004

Entity Name: C.E.B. TRUST CORPORATION

FILED
Apr 26, 2005
Secretary of State

Current Principal Place of Business:

4811 SAXON DR
UNIT C-103
NEW SMYRNA BEACH, FL 32169

New Principal Place of Business:

Current Mailing Address:

1411 NOTTINGHAM ST
UNIT C-103
ORLANDO, FL 32803 US

New Mailing Address:

1411 NOTTINGHAM ST
ORLANDO, FL 32803 US

FEI Number: 59-3275316

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZARN, BOWEN S
1411 NOTTINGHAM ST
ORLANDO, FL 32803 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ZARN, BOWEN S
Address: 1411 NOTTINGHAM
City-St-Zip: ORLANDO, FL 32803

Title: D () Delete
Name: ZARN, PATRICIA
Address: 1411 NOTTINGHAM
City-St-Zip: ORLANDO, FL 32803

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: BOWEN ZARN

D

04/26/2005

Electronic Signature of Signing Officer or Director

Date