

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000023004

Entity Name: C.E.B. TRUST CORPORATION

FILED  
Apr 25, 2006  
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  
ORLANDO, FL 32803 US

## New Mailing Address:

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 Chapter 119, 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

04/25/2006

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

\_\_\_\_\_  
Date