## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P94000023004

Entity Name: C.E.B. TRUST CORPORATION

FILED May 02, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

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

Current Mailing Address: New Mailing Address:

1411 NOTTINGHAM ST CROSSINGS BLVD ORLANDO, FL 32803 US 14198 BRIDGEWATER CROSSINGS BLVD WINDERMERE, FL 34786 US

FEI Number: 59-3275316 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ZARN, BOWEN S

1411 NOTTINGHAM ST
ORLANDO, FL 32803 US

ZARN, BOWEN S
14198 BRIDGEWATER CROSSINGS BLVD
WINDERMERE, FL 34786 US

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: 05/02/2008

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D ( ) Delete Title: D (X) Change ( ) Addition Name: ZARN, BOWEN S ZARN, BOWEN S

Address: 1411 NOTTINGHAM Address: 14198 BRIDGEWATER CROSSINGS BLVD

City-St-Zip: ORLANDO, FL 32803 City-St-Zip: WINDERMERE, FL 34786

Title: D () Delete Title: D (X) Change () Addition

Name: ZARN, PATRICIA Name: ZARN, PATRICIA

Address: 1411 NOTTINGHAM Address: 14198 BRIDGEWATER CROSSINGS BLVD

City-St-Zip: ORLANDO, FL 32803 City-St-Zip: WINDERMERE, FL 34786

I hereby certify that the information supplied with this filing does not qualify 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 DIR 05/02/2008

Electronic Signature of Signing Officer or Director

Date