
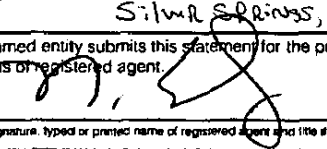
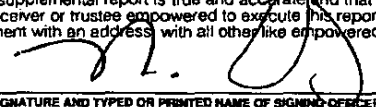


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 05, 2004 8:00 am
Secretary of State

02-24-2004 90011 021 ***150.00

DOCUMENT # P9500066272					
1. Entity Name CNB CAMIRE, INC.					
Principal Place of Business 10 S MAGNOLIA AVENUE OCALA FL 34474 US			Mailing Address 10 S MAGNOLIA AVENUE OCALA FL 34474 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3336404	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CAMIRE, NELSON P JR. 829 NE 12TH AVENUE OCALA FL 34470 Physical Address: 6200 NE 52nd St Silver Springs, FL 34482			Name Street Address (P.O. Box Number is Not Acceptable) City FL 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  DATE 2/19/04					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>				\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CAMIRE, NELSON P JR.		NAME		
STREET ADDRESS	829 NE 12TH AVENUE		STREET ADDRESS	PO BOX 2482	
CITY-ST-ZIP	OCALA FL 34470		CITY-ST-ZIP	Silver Springs FL 34489	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CAMIRE, JILL C		NAME		
STREET ADDRESS	829 NE 12TH AVENUE		STREET ADDRESS	PO BOX 2482	
CITY-ST-ZIP	OCALA FL 34470		CITY-ST-ZIP	Silver Springs FL 34489	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS	OUR Physical Address At	
CITY-ST-ZIP			CITY-ST-ZIP	home is 6200 NE 52 St	
TITLE		<input type="checkbox"/> Delete	TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS	Silver Spgs, FL 34488	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 like empowered.					
SIGNATURE:  DATE 2/19/04 DAYTIME PHONE # 352-622-9968					

66404569



MOORE CR2E034 (11/03)