

FILED  
Apr 14, 2006 8:00 am  
Secretary of State

04-14-2006 90138 045 \*\*\*150.00

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

40048580

|  |   |   |   |
|--|---|---|---|
| <b>DOCUMENT # P95000067132</b>   |   |    |   |
| 1. Entity Name<br>CBM HOME RENOVATING, INC.  |   |   |   |
| Principal Place of Business<br>2816 12 STREET NORTH<br>ST. PETE, FL 33704 US   |   | Mailing Address<br>2816 12 STREET NORTH<br>ST. PETE, FL 33704 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<br>59-3338254   |   |
|  |   | Applied For<br>Not Applicable   |   |
|  |   | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required  |   |
| 6. Name and Address of Current Registered Agent<br><br>MEYER, CATHY<br>1150 25TH AVENUE NORTH<br>SAINT PETERSBURG, FL 33704  |   | 7. Name and Address of New Registered Agent<br>Name <u>Meyer Cathy</u><br>Street Address (P.O. Box Number is Not Acceptable)<br><u>5155 17 AV N</u><br>City <u>St. Pete</u> <u>FL</u> Zip Code <u>33710</u> |   |
| 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.<br><br>SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____<br>Signature, typed or printed name of registered agent and title if applicable.  |   |   |   |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>  |   | 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br>MONTGOMERY, CHARLES B<br>2816 12 ST N<br>ST PETERSBURG, FL 32704 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Charles B Montgomery</u>   |   | Date <u>4/11/06</u>   |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |   | Daytime Phone #   |   |