


2007 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2007 08:00 A
Secretary of State

DOCUMENT # P97000068876

1. Entity Name
CBSP, INC.



Principal Place of Business
 1520 BRENTWOOD HILLS BOULEVARD
 VALRICO FL 33594-4035

Mailing Address
 1520 BRENTWOOD HILLS BOULEVARD
 VALRICO FL 33594-4035



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #. etc.

3. Mailing Address
 Suite, Apt. #. etc.

City & State

Zip Country

1st MOORE CR2E034 (10/06)

4. FEI Number **59-3461856**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STROM, TERESA K
1520 BRENTWOOD HILLS BLVD.
VALRICO FL 33594

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	STROM, TERESA K	
STREET ADDRESS	3943 SE 17TH PLACE	
CITY- ST- ZIP	OCALA FL 34471	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	STROM, AARON J	
STREET ADDRESS	3943 SE 17TH PLACE	
CITY- ST- ZIP	OCALA FL 34471	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

100000653528
 03/13/07-80025-023 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____

2/27/07 813-684-1622