

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P98000003145

1. Entity Name
CTB, INC.



FILED

06 SEP 22 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
12273 EMERALD COAST PARKWAY
SUITE #110
DESTIN, FL 32550 US

Mailing Address
12273 EMERALD COAST PARKWAY
SUITE #110
DESTIN, FL 32550 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09152006

Chg-P

CR2E034 (11/05)

4. FEI Number
59-3485148

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AE
BALZER, MICHAEL
12273 EMERALD COAST PKWY
SUITE #110
DESTIN, FL 32550

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

[Signature]

MICHAEL E. BALZER, PRESIDENT

9/20/06

Signature, Worded or Printed Name of Registered Agent and Title (if applicable)

Printed Registered Agent Signature (required when renewing)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME BALZER, MICHAEL E ☐ Delete
STREET ADDRESS 103 SUGAR COVE ROAD
CITY-ST-ZIP SANTA ROSA BEACH, FL 32459

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 200080258882
CITY-ST-ZIP 09/22/06--01049--017 **\$1.25

TITLE PT
NAME OSBORNE, THOMAS C ☒ Delete
STREET ADDRESS 227 MCCARTHUR AVE, N.W.
CITY-ST-ZIP FT WALTON BEACH, FL 32548

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S
NAME BUTLER, BILLY R ☐ Delete
STREET ADDRESS 5 MAGNOLIA DRIVE
CITY-ST-ZIP DESTIN, FL 32541

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T
NAME ROGERS, DONALD H ☐ Delete
STREET ADDRESS 204 GULF WINDS COURT
CITY-ST-ZIP DESTIN, FL 32541

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

[Signature]

MICHAEL E. BALZER, PRESIDENT

9/20/06

(850)837-6100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Printed Name

29/27