


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P98000016976</b> 1. Entity Name <b>CB ESCROW SERVICES, INC.</b>						<div style="text-align: center;"> <b>FILED</b>  <b>04 MAY -3 PM 5:49</b>  <b>SECRETARY OF STATE</b>  <b>TALLAHASSEE, FLORIDA</b> </div>	
Principal Place of Business <b>SUNTRUST INTERNATIONAL CENTER</b> <b>ONE SOUTHEAST 3RD AVENUE #2400</b> <b>MIAMI, FL 33131</b>				Mailing Address <b>ONE COMMERCE ST</b> <b>ATTN: TAX DEPT.</b> <b>MONTGOMERY, AL 36104 US</b>			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number <b>63-1208889</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM</b> <b>1200 SOUTH PINE ISLAND ROAD</b> <b>PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>800035751338</b> <b>05/07/04--01043--006 **600.00</b> City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO OAKLEY, FLAKE <input type="checkbox"/> Delete ONE COMMERCE ST MONTGOMERY, AL 36104			TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Flake Oakley <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition One Commerce St, Montgomery, AL 36104		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO LOWDER, ROBERT E <input checked="" type="checkbox"/> Delete ONE COMMERCE ST MONTGOMERY, AL 36104			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP-Tax DAVID Reimer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition One Commerce St, Montgomery, AL 36104		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V REINER, DAVID <input type="checkbox"/> Delete ONE COMMERCE ST MONTGOMERY, AL 36104			TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO Sarah Moore <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition One Commerce St, Montgomery, AL 36104		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS 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 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.							
<b>SIGNATURE:</b> <i>David Reimer</i> <i>DAVID Reimer</i> <i>4/21/04</i> <i>334-240-5126</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							