

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S17091

FILED  
Jan 05, 2004  
Secretary of State

Entity Name: C. G. B. M. T. ENTERPRISES, INC.

**Current Principal Place of Business:**

145 KNOBBY VIEW DRIVE  
HIGHLAND, MI 48357

**New Principal Place of Business:**

**Current Mailing Address:**

145 KNOBBY VIEW DRIVE  
HIGHLAND, MI 48357

**New Mailing Address:**

FEI Number: 65-0221932      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GARAVAGLIA, CHARLES  
4550 18TH AVENUE N.W.  
APT. 207  
POMPANO BEACH, FL 33064

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GARAVAGLIA, MARY ANN  
Address: 145 KNOBBY VIEW DRIVE  
City-St-Zip: HIGHLAND, MI 48357

Title: VP ( ) Delete  
Name: GARAVAGLIA, CHARLES LEWIS  
Address: 148 KNOBBY VIEW DRIVE  
City-St-Zip: HIGHLAND, MI 48357

Title: V ( ) Delete  
Name: GARAVAGLIA, CHARLES L  
Address: 4550 18TH AVE NW #2-207  
City-St-Zip: POMPANO BEACH, FL

Title: V ( ) Delete  
Name: GARAVAGLIA, CHARLES  
Address: 25419 LIBERTY LANE  
City-St-Zip: FARMINGTON, MI 48335

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V (X) Change ( ) Addition  
Name: GARAVAGLIA, CHARLES J  
Address: 25419 LIBERTY LANE  
City-St-Zip: FARMINGTON, MI 48335

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES L. GARAVAGLIA

V.P.

01/05/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date