


**2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Jan 31, 2008 8:00 am**  
**Secretary of State**

01-31-2008 90032 016 \*\*\*150.00

**DOCUMENT # S17091**  
 1. Entity Name  
**C. G. B. M. T. ENTERPRISES, INC.**



Principal Place of Business Mailing Address  
**145 KNOBBY VIEW DRIVE** **145 KNOBBY VIEW DRIVE**  
**HIGHLAND MI 48357** **HIGHLAND MI 48357**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**1st MOORE CR2E034 (10/07)**

City & State City & State  
 Zip Country Zip Country

4. FEI Number **65-0221932** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
~~GARAVAGLIA, CHARLES L V.P.  
 4550 18TH AVENUE N.W.  
 APT. 207  
 POMPANO BEACH FL 33064~~

7. Name and Address of New Registered Agent  
 Name **RICHARD SIMPSON**  
 Street Address (P.O. Box Number is Not Acceptable) **24602 STILLBRIDGE CT**  
 City **LEESBURG** FL Zip Code **34748**

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 *Richard Simpson* DATE **1-24-08**  
Signature, typed or printed name of registered agent and title applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

|                |                            |                                 |
|----------------|----------------------------|---------------------------------|
| TITLE          | P                          | <input type="checkbox"/> Delete |
| NAME           | GARAVAGLIA, MARY ANN PRES. |                                 |
| STREET ADDRESS | 145 KNOBBY VIEW DRIVE      |                                 |
| CITY-ST-ZIP    | HIGHLAND MI 48357          |                                 |
| TITLE          | VP                         | <input type="checkbox"/> Delete |
| NAME           | GARAVAGLIA, CHARLES LEWIS  |                                 |
| STREET ADDRESS | 148 KNOBBY VIEW DRIVE      |                                 |
| CITY-ST-ZIP    | HIGHLAND MI 48357          |                                 |
| TITLE          | V.P.                       | <input type="checkbox"/> Delete |
| NAME           | GARAVAGLIA, CHARLES L      |                                 |
| STREET ADDRESS | 4550 18TH AVE NW #2-207    |                                 |
| CITY-ST-ZIP    | POMPANO BEACH FL 33064     |                                 |
| TITLE          | V                          | <input type="checkbox"/> Delete |
| NAME           | GARAVAGLIA, CHARLES J      |                                 |
| STREET ADDRESS | 25419 LIBERTY LANE         |                                 |
| CITY-ST-ZIP    | FARMINGTON MI 48335        |                                 |
| 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    |  |   |

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: *Charles Lewis Garavaglia* DATE: **1-24-08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #