

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90027 012 ***158.75

DOCUMENT # S20545

1. Entity Name
C. & B. ENTERPRISES, INC.



Principal Place of Business
6640 NICHOLS DR
MILTON, FL 32570 US

Mailing Address
6640 NICHOLS DR
MILTON, FL 32570 US



03152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3048069

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BLEUEL, HOWARD L JR
6555 HAMILTON BRIDGE RD
MILTON, FL 32570

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-appointing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PTSD
BLEUEL, HOWARD L, JR.
~~6555 HAMILTON BRIDGE RD~~ 6640 Nichols Dr
MILTON, FL 32570

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
MCHACKIN, TRACEY D
6633 NICHOLS DR
MILTON, FL 32570

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
DETLERSEN, Leslie D
11722 Village Ln
JACKSONVILLE FL 32223

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-2005

Date

850-981-1631

Daytime Phone