

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # S45331 1. Entity Name CLB, INC.	
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Principal Place of Business 5517 SW 69 TERRACE GAINESVILLE, FL 32608 US	Mailing Address 5517 SW 69 TERRACE GAINESVILLE, FL 32608 US
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01072004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3062094

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MILLER, DAVID M
5517 SW 69 TERRACE
GAINESVILLE, FL 32608

**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 N/A

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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	VD BRICE, CARLA J 5517 SW 69 TERRACE GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HICKS, THOMAS P JR 5517 SW 69 TERRACE GAINESVILLE, FL 32608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLER, DAVID M 5517 SW 69 TERRACE GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD COX, ALISON L 5517 SW 69 TERRACE GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERENCE, STEPHANIE A 5517 SW 69 TERR GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000010939
01/23/04-80016-018. 150.00

**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)(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.

SIGNATURE: David M. Miller President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/04 (352) 372-7736
Date Daytime Phone #