

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2005 08:00 AM
Secretary of State

DOCUMENT # S45331

1. Entity Name
CLB, INC.



Principal Place of Business
5517 SW 69 TERRACE
GAINESVILLE, FL 32608 US

Mailing Address
5517 SW 69 TERRACE
GAINESVILLE, FL 32608 US



01032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3062094

Applied For
Not Applicable

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

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

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000226329

02/12/05-20012-007 150.00

10. OFFICERS AND DIRECTORS

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

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SEC/FLENS

Date

2/2/05

Daytime Phone #

352 372 7736