

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S17091

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

**Current Principal Place of Business:**

3785 RANYA DR.  
COMMERCE TWP., MI 48382

**Current Mailing Address:**

3785 RANYA DR.  
COMMERCE TWP, MI 48382 US

**FEI Number:** 65-0221932

**Certificate of Status Desired:** No

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

SIMPSON, RICHARD  
24602 STILBRIDGE CT  
LEESBURG, FL 34748 US

*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

**Officer/Director Detail :**

Title            PRES, SECRETARY  
Name            GARAVAGLIA, MARY ANN T.  
Address        3785 RANYA DR  
City-State-Zip: COMMERCE TWP. MI 48382

Title            V.P, TREASURER  
Name            GARAVAGLIA, CHARLES L  
Address        3785 RANYA DR  
City-State-Zip: COMMERCE TWP. MI 48382

Title            V.P  
Name            GARAVAGLIA, CHARLES J  
Address        25419 LIBERTY LANE  
City-State-Zip: FARMINGTON MI 48335

Title            VP  
Name            CORTIS, CYNTHIA LOUISE  
Address        903 W.MARTIN ST  
City-State-Zip: GLADWIN MI 48624

*I hereby 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 all other like empowered.*

**SIGNATURE:** CHARLES GARAVAGLIA

V.P.

04/01/2020

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date