

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F04000003670

**Entity Name:** CGB DIVERSIFIED SERVICES, INC.

**Current Principal Place of Business:**

1608 B WEST LAFAYETTE  
JACKSONVILLE, IL 62650

**FILED**  
**Apr 23, 2013**  
**Secretary of State**  
**CC3714378928**

**Current Mailing Address:**

POST OFFICE BOX 249  
MANDEVILLE, LA 70470

**FEI Number: 72-1404546**

**Certificate of Status Desired: No**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 D  
Name ADAMS, KEVIN  
Address P.O. BOX 249  
City-State-Zip: MANDEVILLE LA 70470

Title DST  
Name PEMBERTON, RICHARD S  
Address P.O. BOX 249  
City-State-Zip: MANDEVILLE LA 70470

Title DP  
Name CLARK, RODNEY L  
Address 2275 W. MORTON AVE.  
City-State-Zip: JACKSONVILLE IL 62650

Title V  
Name MCCLELLAND, JAMES C  
Address 2275 W. MORTON AVE.  
City-State-Zip: JACKSONVILLE IL 62650

Title AS  
Name GERARVE, ROBIN B  
Address P.O. BOX 249  
City-State-Zip: MANDEVILLE LA 70470

*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: ROBIN GERARVE**

**ASST. SECRETARY**

**04/23/2013**

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

\_\_\_\_\_  
Date