

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 08:00 AM
Secretary of State

DOCUMENT # F99000002050

1. Entity Name
CM MANAGEMENT GROUP, INC.



Principal Place of Business
11819 METRO PARKWAY
FT. MYERS, FL 33912

Mailing Address
101 BENBRO DRIVE
BUFFALO, NY 14225-4805 US



05032004 No Chg-P CR2E034 (10/03)

4. FEI Number
16-1560888

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

SCHILLER, JEROME D
11819 METRO PARKWAY
FT. MYERS, FL 33912

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
SCHILLER, JEROME D
11819 METRO PARKWAY
FT. MYERS, FL 33912

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PT
SCHILLER, STEPHEN J
11819 METRO PARKWAY
FT. MYERS, FL 33912

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VS
SCHILLER, MARC D
11819 METRO PARKWAY
FT. MYERS, FL 33912

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**

16-1560888
07/12/04-80013-016 150.00

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: PETER J. BLEWIS 7/12/04