

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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1/8/289
FILED

08 MAY -6 AM 8:14

CLERK OF STATE
TALLAHASSEE, FLORIDA

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

2. Principal Place of Business - No P.O. Box #

12660 BONITA BEACH RD SE

3. Mailing Address

12660 BONITA BEACH RD SE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04292008

Chg-P

CR2E034 (12/06)

City & State

BONITA SPRINGS, FL

City & State

BONITA SPRINGS, FL

4. FEI Number

16-1560888

Applied For

Not Applicable

Zip

34135

Country

USA

Zip

34135

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

12660 BONITA BEACH ROAD SE

City

BONITA SPRINGS

FL

Zip Code

34135

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 JEROME D. SCHILLER, CHAIRMAN

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

(NOTE: Registered Agent signature required when reinstating)

4/29/08
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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
COB
SCHILLER, JEROME D
11819 METRO PARKWAY
FT. MYERS, FL 33912 ☐ Delete

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete
m5/8

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
12660 BONITA BEACH ROAD SE
BONITA SPRINGS, FL 34135

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
12660 BONITA BEACH ROAD SE
BONITA SPRINGS, FL 34135

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
500129445625
05/14/08--01015--006 **288.75

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Robert F. Gaene Controller ROBERT F. GAENE 4/29/08 (239) 908-2700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR CONTROLLER Date Daytime Phone #