

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 01, 2004 8:00 am**  
**Secretary of State**

03-16-2004 90032 025 \*\*\*150.00

**DOCUMENT # P03000078406**

1. Entity Name  
**CMS INVESTMENTS, INC.**



Principal Place of Business Mailing Address  
 301 N CATTLEMAN ROAD STE 205 301 N CATTLEMAN ROAD STE 205  
 SARASOTA, FL 34232 SARASOTA, FL 34232

66409117



2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

02212004 Chg-P CR2E034 (10/03)

City & State City & State

4. FEI Number **57-1184982** Applied For Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOHNSON, STEVE**  
 301 N CATTLEMAN ROAD STE 205  
 SARASOTA, FL 34232

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP  Delete  
 NAME JOHNSON, STEVE  
 STREET ADDRESS 301 N CATTLEMAN ROAD STE 205  
 CITY-ST-ZIP SARASOTA, FL 34232

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE DV  Delete  
 NAME STEELE, MARTYN  
 STREET ADDRESS 301 N CATTLEMAN ROAD STE 205  
 CITY-ST-ZIP SARASOTA, FL 34232

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
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 CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 this address, with all other like empowered.

SIGNATURE: **STEVE JOHNSON** 3/9/04 407 924 4258  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #