

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000078904

**FILED**  
**Jan 26, 2006**  
**Secretary of State**

**Entity Name:** CMS CONTRACTOR SERVICES, INC.

**Current Principal Place of Business:**

7516 JESSAMINE DR  
LAKELAND, FL 33810

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 7132  
LAKELAND, FL 33807

**New Mailing Address:**

7516 JESSAMINE DR  
LAKELAND, FL 33810

**FEI Number:** 20-2929916

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TRUJILLO, MONICA  
7516 JESSAMINE DR  
LAKELAND, FL 33810 US

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

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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PST ( ) Delete  
Name: TRUJILLO, MONICA  
Address: 7516 JESSAMINE DR  
City-St-Zip: LAKELAND, FL 33810

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MONICA TRUJILLO

PST

01/26/2006

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date