2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 07, 2004 8:00 am Secretary of State 05-07-2004 90133 026 ***150.00

DOCUMENT # P9900033108 1. Entity Name C.M.R.S. INCORPORATED					05-07-2004 9	90133 026 ***15	50.00
Principal Place of Business Mailing Address 4690 35TH AVENUE N. 4690 35TH AVENUE N. ST. PETERSBURG, FL 33713 ST. PETERSBURG, FL 33713						54	05342
2. Principal Place of Business 1998 35th Street N. 1998 35th Str Suite, Apt. #, etc				ΓΛ., 03292004	Chg-P	CR2E034 (10/03)	
City & State St. Petersburg, FL St. Petersbu				4. FEI Numb	Der		pplied For
337	13 Country USA	33713	Country	5. Certificat	e of Status Desired	S8.75 Add Fee Require	ditional
6. Name and Address of Current Registered Agent ESPOSITO, CHRISTINA M 4690 35TH AVENUE N. ST. PETERSBURG, FL 33713				7. Name and Address of New Registered Agent Christina M. Esposito Address (P.O. Box Number is Not Acceptable) 98 35th Street N. 1. Petersburg, FL Zip Code 33713			
	named entity submits this statement for tions of registered agent. Signature, typed or printed name of registered agent a			registered agent, or be e required when reinstating)	oth, in the State of Flo	rida. I am familiar with	and accept
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	9. Election Campaign Trust Fund Contrib		\$5.00 May Be Added to Fees			
10.	OFFICERS AND [DIRECTORS	11,	ADDITIONS	/CHANGES TO OFFI	CERS AND DIRECTOR	S IN 11
TITLE NAME	P ESPOSITO, CHRISTINA M	☐ Delete	TITLE NAME			Change	☐ Addition
STREET ADDRESS	+090 35TH-AVENUE N. STRE			1998 3	5th Str	reet N.	1
CITY-ST-ZIP	ST. PETERSBURG, FL 33713 >			St. Peta	ersburg	FL 33	713
TITLE	VP	☐ Delete	TITLE			Change	☐ Addition
NAME STREET ADDRESS	ESPOSITO, JOSEPH		NAME STREET ADDRESS	1900 3	5+h 5+	reet N.	,
CITY-ST-ZIP	SAINT PETERSBURG; FL 33743-			5+ Pe+	ersburg	FL 33	713
TITLE		☐ Delete	TITLE			. Change	Addition
NAME		the comment of the same and the same of	NAME	· 34	eren a a		
STREET ADDRESS CITY-ST-ZIP			"STREET ADDRESS CITY-ST-ZIP				
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CITY-ST-ZIP		Π	CITY-ST-ZIP			П ль.	T Address
TITLE NAME		☐ Delete	TITLE NAME			Change	☐ Addition
STREET ADDRESS			STREET ADDRESS				ļ
CITY-ST-ZIP	<u> </u>		CITY-ST-ZIP		,		
TITLE		☐ Delete	TITLE			☐ Change	Addition
NAME STREET ADDRESS		•	NAME STREET ADORESS	-			[
CITY-ST-ZIP]		CITY-ST-ZIP				1
indicated of the cor	certify that the information supplied with lon this report or supplemental report is rporation or the receiver or trustee empo , or on an attachment with an address, v	true and accurate and that my wered to execute this report as	he exemption state r signature shall ha s required by Chap	ed in Section 119.07(3 tive the same legal effecter 607, Florida Statu	(i), Florida Statutes. I ect as if made under of tes; and that my name	further certify that the i lath; that I am an office appears in Block 10 o	nformation r or director r Block 11 if
SIGNAT	URE:/ / //	disch Esmal	か	7	128/04 -	727-321-5	128