

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 12, 2004 08:00 AM  
Secretary of State**

**DOCUMENT # F01000005216**

1. Entity Name

CENTER FOR MANAGEMENT SYSTEMS, INC.



Principal Place of Business

485 SPINNAKER COURT  
NAPLES, FL 34102-5045

Mailing Address

485 SPINNAKER COURT  
NAPLES, FL 34102-5045



01082004 No Chg-NP

CR2E037 (10/03)

4. FEI Number

22-2194050

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

WALLACE, MARY A  
485 SPINNAKER COURT  
NAPLES, FL 34102-5045

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	WALLACE, EDWARD L
STREET ADDRESS	485 SPINNAKER COURT
CITY-ST-ZIP	NAPLES, FL
TITLE	SD
NAME	WALLACE, MARY A
STREET ADDRESS	485 SPINNAKER COURT
CITY-ST-ZIP	NAPLES, FL
TITLE	CD
NAME	CUMMING, PAUL
STREET ADDRESS	1740 BURNING TREE RD
CITY-ST-ZIP	VIENNA, VA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000002901  
01/13/04-80033-011 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 617, 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:** Mary Ann Wallace Mary Ann Wallace 01/08/04 239-434-2175

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #