

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90131 023 \*\*\*150.00

<b>DOCUMENT # G64345</b> 1. Entity Name <b>COMMUNITY MANAGEMENT SERVICES, INC.</b>			
Principal Place of Business <b>5609 US 19 SUITE E NEW PORT RICHEY, FL 34652 US</b>		Mailing Address <b>5609 US 19 SUITE E NEW PORT RICHEY, FL 34652 US</b>	
2. Principal Place of Business - No P.O. Box # <b>5837 Trable Creek Rd</b>		3. Mailing Address <b>5837 Trable Creek Rd.</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>New Port Richey, FL</b>		City & State <b>New Port Richey, FL</b>	
Zip <b>34652</b>		Zip <b>34652</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>59-2353283</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>JOHNSON, KIM 5609 US 19 SUITE E NEW PORT RICHEY, FL 34652</b>		7. Name and Address of New Registered Agent Name <b>Community Management Services, Inc.</b> Street Address (P.O. Box Number is Not Acceptable) <b>5837 Trable Creek Rd.</b> City <b>New Port Richey</b> <b>FL</b> Zip Code <b>34652</b>	
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: <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE: <b>4/29/08</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNSON, KIMBERLY 5609 US 19 SUITE E NEW PORT RICHEY, FL 34652	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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:		DATE: <b>4/29/08</b> 727-816-9900	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	