

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 28, 2006 8:00 am
Secretary of State

07-25-2006 90024 037 ***150.00
08-28-2006 90004 004 ***408.75

DOCUMENT # P00000021189	
1. Entity Name CMD HOLDINGS, INC.	

Principal Place of Business 1200 GULF BLVD SUITE 903 CLEARWATER, FL 33767	Mailing Address 1200 GULF BLVD SUITE 903 CLEARWATER, FL 33767
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50026558



2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc. 501 MANDALAY AVE STE 901	Suite, Apt. #, etc. 501 MANDALAY AVE SUITE 901
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07132006 Chg-P CR2E034 (11/05)

City & State CLEARWATER BEACH FL	City & State CLEARWATER BEACH FL
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4. FEI Number 59-3639678	Applied For Not Applicable
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Zip 33767	Country	Zip 33767	Country
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5. Certificate of Status Desired	☒ \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SNYDER, CLIFFORD D PRES
1200 GULF BLVD
SUITE 903
CLEARWATER, FL 33767

Name	
Street Address (P.O. Box Number is Not Acceptable)	501 MANDALAY AVE SUITE 901
City	CLEARWATER BEACH FL Zip Code 33767

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 Clifford D. Snyder CLIFFORD D. Snyder 7-19-06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when establishing) DATE

FILE NOW!! FEE IS \$450.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES SNYDER, CLIFFORD D PRES 1200 GULF BLVD SUITE 903 CLEARWATER, FL 33767 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SNYDER, MARYLIN V 1200 GULF BLVD CLEARWATER, FL 33767 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 501 MANDALAY AVE SUITE 901 CLEARWATER, FL 33767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 501 MANDALAY AVE SUITE 901 CLEARWATER, FL 33767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: Clifford D. Snyder CLIFFORD D. Snyder 7-19-06 612-240-7308
Signature and typed or printed name of signing officer or director Date Daytime Phone #