

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000035905

FILED  
Apr 02, 2010  
Secretary of State

**Entity Name:** COMMUNITY MANAGEMENT SERVICES OF NORTH FLORIDA, INC.

**Current Principal Place of Business:**

1914 SUNSET DRIVE  
ST. GEORGE ISLAND, FL 32328

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 876  
EASTPOINT, FL 32328

**New Mailing Address:**

**FEI Number:** 59-3640158

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

GLEASMAN, WAYNE M P  
431 MCCLOUD STREET  
ST. GEORGE ISLAND, FL 32328 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:** PTS  
**Name:** GLEASMAN, WAYNE M  
**Address:** 431 MCCLOUD STREET  
**City-St-Zip:** ST. GEORGE ISLAND, FL 32328

I hereby 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 all other like empowered.

**SIGNATURE:** WAYNE M GLEASMAN

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04/02/2010

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

\_\_\_\_\_  
Date