2004 FOR PROFIT CORPORATION

	ANNUAL	KEPUKI						
DOCUMENT # P0000046698 1. Entity Name CMS, INC.				0.2	04 0	FILED	1 12: 29	
Principal Plac	e of Business		W >	SEURE ALLAT	ETARY OF : HASSEE, F	STATE LODIDA		
160 LAKEWOOD VILLAGE CIRCLE DAYTONA BEACH, FL 32119-1492 DAYTONA BEACH, FL 32119-1492 DAYTONA BEACH, FL 32119-14				M	THELA	HASSEE, F	LURIUA	
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DO NOT WRITE IN THIS SPACE				07132004	No Chg-P	CR2E034 (1	0/03)	
						,	Applied For	
				4. FEI Number 59-3651		·	Not Applicable	
				5. Certificate of	f Status Desired		5 Additional	
6. Name and Address of Current Registered Agent						Fee F	Required	
	t. Name and Address of Conference			· ·	·			
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160 LAKEWOOD VILLAGE CIRCLE DAYTONA BEACH, FL 32119-1492			IN THIS SPACE					
	named entity submits this statement for the	e purpose of changing its register	ed office or register	red agent, or both	n, in the State of Flo	orida. I am familia	ar 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								
A The state of the								
FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees								
10.	OFFICERS AND DI	RECTORS					-	
TITLE NAME	PD EADS, CLARENCE W			**	*			
STREET ADDRESS	160 LAKEWOOD VILLAGE CIR	i s	T I	നമാഷ്പ		an l		
CITY-ST-ZIP	DAYTONA BEACH, FL 32119		1070	9 0041 9003	9013	**55D.00		
TITLE NAME	ST EADS, PATRICIA	÷						
STREET ADDRESS	160 LAKEWOOD VILLAGE CIR					Ì		
CITY-ST-ZIP	DAYTONA BEACH, FL 32119	1			•			
TITLE NAME				- v · · · · /				
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CITY-ST-ZIP			1.	DO	NOT W	/KIIE	ļ	
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TITLE				, *	•			
NAME . STREET ADDRESS		•			•			
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TITLE	TOTAL SING MINE SERVICE WATER			,	ten is a second	ar waysay and a second		
NAME STREET ADDRESS			*2.**			to the same of the	· •••	
CITY-ST-ZIP						•		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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 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.								
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CICNIA.	SIGNATURE: Patricia Eals 9/16/04 386-304-18/7 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #							