

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000046698

1. Entity Name
CMS, INC.



Principal Place of Business
160 LAKEWOOD VILLAGE CIRCLE
DAYTONA BEACH, FL 32119-1492

Mailing Address
160 LAKEWOOD VILLAGE CIRCLE
DAYTONA BEACH, FL 32119-1492

FILED

04 OCT -7 PM 12: 29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07132004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3651134

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

EADS, CLARENCE W
160 LAKEWOOD VILLAGE CIRCLE
DAYTONA BEACH, FL 32119-1492

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

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
EADS, CLARENCE W
160 LAKEWOOD VILLAGE CIR
DAYTONA BEACH, FL 32119

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
ST
EADS, PATRICIA
160 LAKEWOOD VILLAGE CIR
DAYTONA BEACH, FL 32119

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000041605940
10/05/04--01039--013 **\$50.00

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 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.

SIGNATURE:

Patricia Eads

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/16/04

Date

386-304-1817

Daytime Phone #