

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000041946

FILED
Apr 15, 2009
Secretary of State

Entity Name: COMPUTER MAINTENANCE SOLUTIONS, INC.

Current Principal Place of Business:

821 S.E. 5TH COURT
CAPE CORAL, FL 33990

New Principal Place of Business:

515 CULTURAL PARKWAY BLVD
CAPE CORAL, FL 33990

Current Mailing Address:

821 S.E. 5TH COURT
CAPE CORAL, FL 33990

New Mailing Address:

515 CULTURAL PARKWAY BLVD
CAPE CORAL, FL 33990

FEI Number: 65-1102888

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WINER, STEVEN I ESQ.
2320 FIRST STREET, SUITE 1000
FORT MYERS, FL 33901 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: DP () Delete
Name: STINNETT, FRANKLYN M JR.
Address: 821 S.E. 5TH COURT
City-St-Zip: CAPE CORAL, FL 33990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: STINNETT, FRANKLYN M JR.
Address: 515 CULTURAL PARKWAY BLVD
City-St-Zip: CAPE CORAL, FL 33990

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: FRANKLYN M STINNETT JR

DP

04/15/2009

Electronic Signature of Signing Officer or Director

Date