

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2008 8:00 am
Secretary of State

DOCUMENT # P01000057980

1. Entity Name
**COMMUNITY ACCOUNTING & MANAGEMENT SERVICES
PLUS, INC.**



04-10-2008 90035 001 ****61.25

04-10-2008 90035 002 ****88.75

Principal Place of Business

**4524 GUN CLUB RD
SUITE 105
WEST PALM BEACH, FL 33415**

Mailing Address

**4524 GUN CLUB RD
SUITE 105
WEST PALM BEACH, FL 33415**

66006236



DO NOT WRITE IN THIS SPACE

04022008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1121646

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SAUNDERS, KIM
4524 GUN CLUB RD
SUITE 105
WEST PALM BEACH, FL 33415**

**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 \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SAUNDERS, KIM C
STREET ADDRESS 4524 GUN CLUB ROAD SUITE 105
CITY-ST-ZIP WEST PALM BEACH, FL 33415

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Kim Saunders
Kim Saunders

4/10/08
4/10/08

561-682-9393
561-682-9393