

2004
**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 12, 2004 8:00 am
Secretary of State

DOCUMENT # **P01000065225**



04-12-2004 90310 022 ***150.00

1. Entity Name
CNS REAL ESTATE CORPORATION

2. Principal Place of Business
**13664 BROMLEY POINT DRIVE
 JACKSONVILLE FL 32225**

3. Mailing Address
**13664 BROMLEY POINT DRIVE
 JACKSONVILLE FL 32225**



FILED UNDER THE MARSHALL CONTRACT

2. Principal Place of Business

3. Mailing Address

4. Apt. #, or

5. Suite #, or

City & State

City & State

4. FIC Number
59-3729969

Approved For
 Not Applicable

Zip
DUVAL

Zip
 Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GARNETT, CHARLES C
 13664 BROMLEY POINT DRIVE
 JACKSONVILLE FL 32225**

Name
 Street Address (P.O. Box Number not Acceptable)
 City
FL Zip Code

8. The above name of entity is made 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 my new agent.

SIGNATURE

Signature of Current Registered Agent (Not Applicable)

Signature of New Agent (Not Applicable)

Date

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2003 Fee will be \$550.00
 Make Check Payable to Florida Department of State**

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

10. CURRENT REGISTERED OFFICERS

11. ADDITIONAL OFFICERS TO BE REGISTERED UNDER THIS REPORT

NAME	DATE	DELETE
PVST GARNETT, CHARLES 13664 BROMLEY POINTE DR. JACKSONVILLE FL 32225		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

NAME	DATE	DELETE	CHANGE	ADD
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this 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 person or persons empowered to file this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 of this report in accordance with all other laws empowered.

SIGNATURE: *Charles C. Garnett*
 SIGNATURE

H-9-2004 904-221-3065
 DATE DAYTIME PHONE