

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 DEPARTMENT OF REVENUE

2. Principal Place of Business

3. Mailing Address

4. Suite, Apt. #, or

5. Suite, Apt. #, or

6. City & State

7. City & State

4. FID Number  
**59-3729969**

Approved For  
 Not Applicable

8. Zip  
**DUVAL**

9. Zip

10. Country

5. Certificate of Status Document  **\$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 signifies this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. It is understood that the agent named herein is not a registered agent.

SIGNATURE

Signature of Current Registered Agent (Not Applicable)

Signature of New Registered 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 REGISTERED OFFICERS

NAME	DATE	STREET ADDRESS	CITY	ST	ZIP	DELETE
<b>PVST GARNETT, CHARLES</b>	<input type="checkbox"/> Delete	<b>13664 BROMLEY POINTE DR.</b>			<b>JACKSONVILLE FL 32225</b>	
	<input type="checkbox"/> Delete					
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NAME	DATE	STREET ADDRESS	CITY	ST	ZIP	DELETE
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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 or amendment 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 individual proprietor incorporated by or under this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 of this report.

SIGNATURE: *Charles C. Garnett*  
 SIGNATURE

**4-9-2004** **904-221-3065**  
 DATE DATE/TIME PHONE