


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000025127**

1. Entity Name  
**CONSTRUCTION MANAGEMENT PLUS INC.**



Principal Place of Business      Mailing Address

8512 HERLONG RD.      8512 HERLONG RD.  
 JACKSONVILLE, FL 32210      JACKSONVILLE, FL 32210

**DO NOT WRITE IN THIS SPACE**



02232007    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>01-0623742</b>	Applied For Not Applicable
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5. Certificate of Status Desired     **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SUSSMAN, JAFFE & COMPANY, P.A.**  
 5150 BELFORT RD.  
 BUILDING 300  
 JACKSONVILLE, FL 32256

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

000000647974  
 03/06/07-80034-007 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CARNES, SCOTT A 8512 HERLONG RD. JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD CARNES, PAMELA K 8512 HERLONG RD. JACKSONVILLE, FL 32210
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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:** *Pamela K. Carnes*      2-23-07 904-786-2498

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #