

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90168 028 ***150.00

DOCUMENT # P02000116588

1. Entity Name
CMS CONSTRUCTION SERVICES, INC.



Principal Place of Business Mailing Address
4929 BAYSHORE BLVD. 5205 S LOIS AVE 4929 BAYSHORE BLVD. 5205 S LOIS AVE
TAMPA, FL 33611 TAMPA, FL 33611 TAMPA, FL 33611 TAMPA, FL 33611

54053073



01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3466070 42-1559860 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ABREU, WILSON R
4929 BAYSHORE BLVD. 5205 S LOIS AVENUE
TAMPA, FL 33611 TAMPA, FL 33611

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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 re-registering) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE V
NAME BAUER, TIMOTHY
STREET ADDRESS 4929 BAYSHORE BLVD. 5205 S LOIS AVENUE
CITY-ST-ZIP TAMPA, FL 33611 TAMPA, FL 33611

TITLE V
NAME BAUER, RONALD
STREET ADDRESS 4929 BAYSHORE BLVD. 5205 S LOIS AVENUE
CITY-ST-ZIP TAMPA, FL 33611 TAMPA, FL 33611

TITLE S
NAME ABRELL, NATALIE
STREET ADDRESS 4929 BAYSHORE BLVD. 5205 S LOIS AVENUE
CITY-ST-ZIP TAMPA, FL 33611 TAMPA, FL 33611

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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 exemption stated in Section 119.07(3)(i), 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: Natalie M. Abrell 4/20/04 (813) 839-0616
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #