

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 30, 2004 8:00 am
Secretary of State

07-30-2004 90005 023 ***150.00

DOCUMENT # P03000036087

1. Entity Name
CTMS MANAGEMENT GROUP, INC.



Principal Place of Business
**112 ORANGE AVE
FT PIERCE, FL 34950-4347**

Mailing Address
**112 ORANGE AVE
FT PIERCE, FL 34950-4347**

44050778



2. Principal Place of Business
1000 VIRGINIA AVENUE
Suite, Apt. #, etc.

3. Mailing Address
1000 VIRGINIA AVENUE
Suite, Apt. #, etc.

07232004 Chg-P CR2E034 (10/03)

City & State
FT. PIERCE, FLORIDA
Zip **34982** Country **USA**

City & State
FT. PIERCE, FLORIDA
Zip **34982** Country **USA**

4. FEI Number
20-0104123

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HEINEMANN, THEODORE J
1200 N FEDERAL HWY STE 420
BOCA RATON, FL 33432**

7. Name and Address of New Registered Agent

Name
LESLIE WALLER

Street Address (P.O. Box Number is Not Acceptable)

1000 VIRGINIA AVENUE

City
FT. PIERCE

FL

Zip Code
34982

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 **LESLIE WALLER**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **7-26-04**

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WALLER, LES
112 ORANGE AVE
FT PIERCE, FL 349504347** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WALLER, LES
1000 VIRGINIA AVENUE
FT. PIERCE, FLORIDA 34982** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-26-04 772-466-5058