

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000105474

1. Entity Name
COMPLETE MANAGEMENT SERVICES, INC.



Principal Place of Business
7765 LAKE WORTH ROAD #316
LAKE WORTH, FL 33467-2536

Mailing Address
7765 LAKE WORTH ROAD #316
LAKE WORTH, FL 33467-2536



04232006 No Chg-P CR2E034 (11/05)

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4. FEI Number
35-2216357

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RATFIELD, LOUIS W
7765 LAKE WORTH ROAD #316
LAKE WORTH, FL 33467-2536

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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 Louis W. Ratfield LOUIS W. RATFIELD 4/24/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

1111111537633
04/04/06-80025-024 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
RATFIELD, LOUIS W
7765 LAKE WORTH ROAD #316
LAKE WORTH, FL 334672536

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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: Louis W. Ratfield LOUIS W. RATFIELD 4/24/06 561-951-5772
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #