

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000116778

**FILED**  
**Mar 08, 2006**  
**Secretary of State**

**Entity Name:** CMA INSURANCE & FINANCIAL SERVICES, INC.

**Current Principal Place of Business:**

104 CORAL COURT  
PONTE VEDRA BEACH, FL 32082

**New Principal Place of Business:**

155 PROFESSIONAL DRIVE  
PONTE VEDRA BEACH, FL 32082

**Current Mailing Address:**

104 CORAL COURT  
PONTE VEDRA BEACH, FL 32082

**New Mailing Address:**

155 PROFESSIONAL DRIVE  
PONTE VEDRA BEACH, FL 32082

**FEI Number:** 20-0320617

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ADAMS, CHARLES M  
104 CORAL COURT  
PONTE VEDRA BEACH, FL 32082 US

**Name and Address of New Registered Agent:**

ADAMS, CHARLES M  
155 PROFESSIONAL DRIVE  
PONTE VEDRA BEACH, FL 32082 US

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.

**SIGNATURE:**

03/08/2006

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** D ( ) Delete  
**Name:** ADAMS, CHARLES M  
**Address:** 104 CORAL COURT  
**City-St-Zip:** PONTE VEDRA BEACH, FL 32082

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** D (X) Change ( ) Addition  
**Name:** ADAMS, CHARLES M  
**Address:** 155 PROFESSIONAL DRIVE  
**City-St-Zip:** PONTE VEDRA BEACH, FL 32082

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** CHARLES M. ADAMS

D

03/08/2006

Electronic Signature of Signing Officer or Director

Date