

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000138949

Entity Name: C.D.M. SERVICES, INC.

**FILED**  
**Apr 01, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1730 GRIFFIN ROAD  
WAUCHULA, FL

**New Principal Place of Business:**

**Current Mailing Address:**

1730 GRIFFIN ROAD  
WAUCHULA, FL

**New Mailing Address:**

FEI Number: 20-0423825

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NEWMAN, CHARLES D  
1730 GRIFFIN RD  
WAUCHULA, FL 33873 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: GRAY, DONALD R  
Address: 1776 CACTUS AVENUE  
City-St-Zip: WAUCHULA, FL 33873

Title: V  
Name: MOYE, MARK S  
Address: 9735 STATE ROD 64 WEST  
City-St-Zip: ONA, FL 33865

Title: ST  
Name: NEWMAN, CHARLES D  
Address: 1730 GRIFFIN ROAD  
City-St-Zip: WAUCHULA, FL 33873

I hereby 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 all other like empowered.

SIGNATURE: CHARLES NEWMAN

RA

04/01/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date