## 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000037563

Entity Name: C & M SUPPORT SERVICES, INC.

FILED Oct 20, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

8330 RIVERBOAT DRIVE 15703 CARLTON LAKE ROAD **TAMPA, FL 33637** 

WIMAUMA, FL 33598

**Current Mailing Address: New Mailing Address:** 

8330 RIVERBOAT DRIVE 15703 CARLTON LAKE ROAD

TAMPA, FL 33637 WIMAUMA, FL 33598

FEI Number: 20-0814496 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

O'QUINN, MARIA E O'QUINN, MARIA E 8330 RIVÉRBOAT DRIVE 15703 CARLTON LAKE ROAD TAMPA, FL 33637 WIMAUMA, FL 33598

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: MARIA E OQUINN 10/20/2006

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:** 

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change ( ) Addition

O'QUINN, MARIA E O'QUINN, MARIA E Name: Name: 8330 RIVERBOAT DRIVE 15703 CARLTON LAKE ROAD Address: Address:

TAMPA, FL 33637 City-St-Zip: City-St-Zip: WIMAUMA, FL 33598

Title: Title: (X) Change ( ) Addition () Delete KELLEY, CANDICE M Name: KELLEY, CANDICE M Name:

8330 RIVERBOAT DRIVE Address: 15703 CARLTON LAKE ROAD Address: TAMPA, FL 33637 WIMAUMA, FL 33598 City-St-Zip: City-St-Zip:

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: MARIA E OQUINN D 10/20/2006