

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000076836

FILED  
Jan 19, 2010  
Secretary of State

Entity Name: CMS BUSINESS TECHNOLOGIES, INC.

**Current Principal Place of Business:**

548 MARY ESTHER CUTOFF  
SUITE 274  
FORT WALTON BEACH, FL 32548 US

**New Principal Place of Business:**

**Current Mailing Address:**

548 MARY ESTHER CUTOFF  
SUITE 274  
FORT WALTON BEACH, FL 32548 US

**New Mailing Address:**

FEI Number: 20-2938388      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MITCHELL, WILLIAM R  
125 SOUTH ALCANIZ ST  
SUITE 2  
PENSACOLA, FL 32502 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LOWE, SAMUEL S III  
Address: 3 SHADY LN  
City-St-Zip: MARY ESTHER, FL 32569 US

Title: VP  
Name: LOWE, DONALD C  
Address: 507 RUSH PARK CIRCLE  
City-St-Zip: MARY ESTHER, FL 32569 US

Title: VP  
Name: LOWE, MICHAEL S  
Address: 2121 JADYN LN  
City-St-Zip: CLOVIS, NM 88101 US

Title: S,T  
Name: LOWE, NANCY S  
Address: 3 SHADY LN  
City-St-Zip: MARY ESTHER, FL 32569 US

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: SAMUEL S. LOWE III

P

01/19/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date