

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000111773

Entity Name: CMS PRO STAFF INC.

FILED  
Mar 27, 2009  
Secretary of State

**Current Principal Place of Business:**

181 SE HERNANDO AVE  
LAKE CITY, FL 32025

**New Principal Place of Business:**

**Current Mailing Address:**  
PO BOX 2676  
LAKE CITY, FL 32056 US

**New Mailing Address:**

FEI Number: 02-0784901      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SAMSON, CHRIS  
5188 200TH ST  
LAKE CITY, FL 32024 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 ( ) Delete  
Name: SAMSON, CHRIS  
Address: 5188 200TH ST  
City-St-Zip: LAKE CITY, FL 32024 US

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: CHRIS SAMSON

P

03/27/2009

Electronic Signature of Signing Officer or Director

Date