

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000085843

FILED  
Apr 22, 2010  
Secretary of State

**Entity Name:** CMS PROFESSIONAL TRANSPORT, INC.

**Current Principal Place of Business:**

181 SE HERNANDO AVE.  
LAKE CITY, FL 32025

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2227  
LAKE CITY, FL 32056

**New Mailing Address:**

**FEI Number:** 27-1107456

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SAMSON, CHRISTOPHER  
181 SE HERNANDO AVE.  
LAKE CITY, FL 32025 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:** CEO  
**Name:** SAMSON, CHRISTOPHER  
**Address:** P.O. BOX 2227  
**City-St-Zip:** LAKE CITY, FL 32056

**Title:** V  
**Name:** SAMSON, KELVIN  
**Address:** P.O. BOX 2227  
**City-St-Zip:** LAKE CITY, FL 32056

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:** KELVIN SAMSON

V

04/22/2010

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

\_\_\_\_\_  
Date