

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000085843

**FILED**  
**Mar 02, 2011**  
**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:**

SAMSON, CHRIS  
181 SE HERNANDO AVE.  
LAKE CITY, FL 32025 US

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: CHRIS SAMSON

03/02/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CEOP  
Name: SAMSON, CHRIS  
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: CHRIS SAMSON

CEOP

03/02/2011

Electronic Signature of Signing Officer or Director

Date