

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000079024

**FILED**  
**Mar 24, 2011**  
**Secretary of State**

**Entity Name:** CMS LAND DEVELOPMENT INC.

**Current Principal Place of Business:**

121 OCEANFOREST DRIVE N.  
ATLANTIC BEACH, FL 32233

**New Principal Place of Business:**

**Current Mailing Address:**

121 OCEANFOREST DRIVE N.  
ATLANTIC BEACH, FL 32233 US

**New Mailing Address:**

**FEI Number:** 59-3126495

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SONES, MICHAEL A  
121 OCEANFOREST DRIVE NORTH  
ATLANTIC BEACH, FL 32233 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

**OFFICERS AND DIRECTORS:**

Title: DPS  
Name: SONES, MICHAEL A  
Address: 121 OCEANFOREST DRIVE NORTH  
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: DV  
Name: SONES, PATRICIA P  
Address: 121 OCEANFOREST DRIVE NORTH  
City-St-Zip: ATLANTIC BEACH, FL 32233

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: MICHAEL A SONES

DPS

03/24/2011

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

\_\_\_\_\_  
Date