2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000094337

Entity Name: RESEARCH MANAGEMENT SERVICES, INC.

FILED Jan 11, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
3212 WESTCHESTER DR COCOA, FL 32959				3212 WESTCHESTER DR	
Current Mailing Address:			New Mailing Address	New Mailing Address:	
P.O. BOX 369 SHARPES, FL 32959			P.O. BOX 369 SHARPES, FL 32959	US	
FEI Number	: 59-3288639	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
	IAN, SUSAN Z STCHESTER D FL 32926 U				
	e named entity e of Florida.	submits this statement for the p	purpose of changing its registered	office or registered agent, or both,	
SIGNATUI	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Title: Name: Address: City-St-Zip:	ZIMMERMAN,	ESTER DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (ZIMMERMAN, 16722 WORTH SAN ANTONIO	HINGTON	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D (ZIMMERMAN, 16722 WORTH SAN ANTONIO	HINGTON	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (ZIMMERMAN, 3 3212 WESTCH COCOA, FL 3	ESTER DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	D () Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Name:

Address:

City-St-Zip:

SIGNATURE: SUSAN ZIMMERMAN P 01/11/2005

ZIMMERMAN, GARY D

COCOA, FL 32926

3212 WESTCHESTER DRIVE

Name:

Address:

City-St-Zip: