

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000040421

FILED
Apr 23, 2004
Secretary of State

Entity Name: CONTRACTOR MANAGEMENT & SUPPORT SERVICES, INC.

Current Principal Place of Business:

9667 SUGAR PINES COURT
DAVIE, FL 33328 US

New Principal Place of Business:

475 OLD CHAPMAN TRAIL
PICKENS, SC 29671 US

Current Mailing Address:

9667 SUGAR PINES COURT
DAVIE, FL 33328 US

New Mailing Address:

475 OLD CHAPMAN TRAIL
PICKENS, SC 29671 US

FEI Number: 65-0665984

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COX, EDWARD A
9667 SUGAR PINES COURT
DAVIE, FL 33328 US

Name and Address of New Registered Agent:

COX, EDWARD A
921 SW 19TH STREET
FT LAUDERDALE, FL 33315 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: EDWARD COX

04/23/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COX, EDWARD
Address: 9667 SUGAR PINES COURT
City-St-Zip: DAVIE, FL 33328 US

Title: IP () Delete
Name: COX, NAM
Address: 9667 SUGAR PINES COURT
City-St-Zip: DAVIE, FL 33328 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: COX, EDWARD
Address: 475 OLD CHAPMAN TRAIL
City-St-Zip: PICKENS, SC 29671 US

Title: IP (X) Change () Addition
Name: COX, NAM
Address: 475 OKD CHAPMAN TRAIL
City-St-Zip: PICKENS, SC 29671 US

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.

SIGNATURE: EDWARD COX

P

04/23/2004

Electronic Signature of Signing Officer or Director

Date