

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000057934

Entity Name: CENTER FOR MANAGEMENT SERVICES, INC.

FILED  
Jan 21, 2005  
Secretary of State

**Current Principal Place of Business:**

11001 SE SUNSET HARBOUR RD  
#26  
SUMMERFIELD, FL 34491 US

**New Principal Place of Business:**

Current Mailing Address:  
PO BOX 500  
SUMMERFIELD, FL 34492 US

**New Mailing Address:**

FEI Number: 59-3413805      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

ARCHIBALD, RALPH S  
11001 SE SUNSET HARBOUR RD  
#26  
SUMMERFIELD, FL 34491 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: PD ( ) Delete  
Name: ARCHIBALD, RALPH S  
Address: 11001 SE SUNSET HARBOUR RD #26  
City-St-Zip: SUMMERFIELD, FL 34491

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: RALPH S. ARCHIBALD

PD

01/21/2005

Electronic Signature of Signing Officer or Director

Date