

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000036338

1. Entity Name
CONTRACT MANAGEMENT SOLUTIONS, INC.



Principal Place of Business
3586 ALOMA AVENUE, SUITE 10
WINTER PARK, FL 32792

Mailing Address
C/O AMERICAN INFORMATION
225 S ORANGE AVE 17TH FLR
ORLANDO, FL 32801

DO NOT WRITE IN THIS SPACE



01272004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3470621

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES IN C
255 S ORANGE AVE 17TH FLR
ORLANDO, FL 32801

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTSD
NAME	ROSBURY, STEVEN L
STREET ADDRESS	1560 SHADY OAKS DR
CITY - ST - ZIP	KISSIMMEE, FL 34744
TITLE	V
NAME	GAMBOTZ, ROBERT
STREET ADDRESS	1438 ORCHID LN.
CITY - ST - ZIP	KISSIMMEE, FL 34744
TITLE	V
NAME	STANLEY, VALERIE
STREET ADDRESS	2329 GLEN PARK CT.
CITY - ST - ZIP	MARIETTA, GA 30064
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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03/08/04-80087-018 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(STEVEN L. ROSBURY)

3/3/04

407.478.0250

Date

Daytime Phone #