


2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**May 31, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90304 025 \*\*\*150.00

**DOCUMENT # P97000036338**

1. Entity Name  
**CONTRACT MANAGEMENT SOLUTIONS, INC.**



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

Mailing Address  
**255 S. ORANGE AVENUE, 17TH FLOOR  
ORLANDO, FL 32801**

66020581



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

04122005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent  
**AMERICAN INFORMATION SERVICES INC.  
255 S. ORANGE AVENUE, 17TH FLOOR  
ORLANDO, FL 32801**

4. FEI Number  
**59-3470621**

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name **DAVID BOLTON**

Street Address (P.O. Box Number is Not Acceptable)  
**3586 ALOMA AVENUE, SUITE 10**

City **WINTER PARK** FL Zip Code **32792-4010**

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 *David A. Bolton* **DAVID A. BOLTON** DATE **4/15/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ROSBURY, STEVEN L 1560 SHADY OAKS DR. KISSIMMEE, FL 34744	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GAMBOTZ, ROBERT 1438 ORCHID LANE KISSIMMEE, FL 34744	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STANLEY, VALERIE 2329 GLEN PARK CT. MARIETTA, GA 30064	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MICHAEL O'DONNELL 15 PIEDMONT CENTER, SUITE 1100 ATLANTA, GA 30303	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Michael J. O'Donnell* **BRAD REEVES** DATE **4/18/05** **5/25/05** **1216**  
Signature and typed or printed name of signing officer or director Date Daytime Phone # **404 720-1216**

*M. J. O'Donnell* **MICHAEL J. O'DONNELL**