2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # V56754

1. Entity Name
COMMUNITY MANAGEMENT SYSTEMS, INC.

Principal Place of Business	Mailing Address
8210 LAKEWOOD RANCH BLVD	8210 LAKEWOOD RANCH BLVD
BRADENTON, FL 34202 US	BRADENTON, FL 34202 US

DO NOT WRITE IN THIS SPACE

02112008   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
65-0363978		Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HEIM, PRISCILLA G
8210 LAKEWOOD RANCH BLVD
BRADENTON, FL 34202

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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
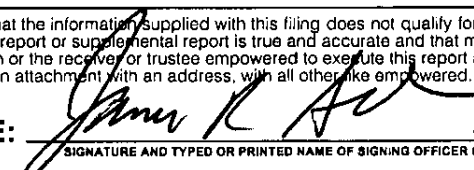
FILE NOW!!! FEE IS $150.00 **After May 1, 2008 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	SCHIER, JAMES R
STREET ADDRESS	8210 LAKEWOOD RANCH BLVD
CITY-ST-ZIP	BRADENTON, FL 34202
TITLE	S
NAME	HEIM, PRISCILLA G
STREET ADDRESS	8210 LAKEWOOD RANCH BLVD
CITY-ST-ZIP	BRADENTON, FL 34202
TITLE	
NAME	
STREET ADDRESS	
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NAME	
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CITY-ST-ZIP	

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05/21/08-80067-016 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ JAMES R. SCHIER 2/26/08 941.328.1040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #