

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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3470621	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AMERICAN INFORMATION SERVICES INC. 255 S. ORANGE AVENUE, 17TH FLOOR ORLANDO, FL 32801			7. Name and Address of New Registered Agent Name <u>DAVID BOLTON</u> Street Address (P.O. Box Number is Not Acceptable) <u>3586 ALOMA AVENUE, SUITE 10</u> City <u>WINTER PARK</u> FL <u>32792-4010</u>		
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 <u>DAVID A. Bolton</u> DATE <u>4/15/05</u> (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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ROSBURY, STEVEN L 1560 SHADY OAKS DR. KISSIMMEE, FL 34744 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MICHAEL O'DONNELL 15 PIEDMONT CENTER, SUITE 1100 ATLANTA, GA 30303 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GAMBOTZ, ROBERT 1438 ORCHID LANE KISSIMMEE, FL 34744 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STANLEY, VALERIE 2329 GLEN PARK CT. MARIETTA, GA 30064 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. 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 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: <u>M. J. O'Donnell</u>			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <u>BRAD REEVES</u> <u>4/18/05</u> <u>6/25/05</u> <u>1216</u> <u>404 720-1210</u>		

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