


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P93000001226 1. Entity Name COMMERCIAL CASEWORK, INC.		
Principal Place of Business 6500 YOUNGERMAN CIRCLE JACKSONVILLE FL 32244		Mailing Address 6500 YOUNGERMAN CIRCLE JACKSONVILLE FL 32244
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State
Zip	Country	Zip

FILED
Aug 11, 2008 08:00 AM
Secretary of State



2nd MOORE CR2E034 (4/08)

4. FEI Number 59-3160474				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOLBROOK, H. LEON III 2301 INDEPENDENT SQUARE ONE INDEPENDENT DRIVE JACKSONVILLE FL 32202			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		

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

<p style="font-weight: bold; font-size: 0.8em;">FILE NOW!!! FEE IS \$550.00 DUE BY September 3, 2008 Make Check Payable to Florida Department of State</p>	<p>S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00 <input type="checkbox"/></p>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete GAY, SCOTT T	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	6500 YOUNGERMAN CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32244	CITY-ST-ZIP	000000957455
TITLE	D <input type="checkbox"/> Delete GAY, LINDA	TITLE	08/11/08-80002-002 <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	6500 YOUNGERMAN CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32244	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Scott T Gay 8-8-08 904-264-4222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #