

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 01, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000042517 1. Entity Name COMMSTRUCTURES, INC.	
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Principal Place of Business 101 E. ROBERTS RD CANTONMENT, FL 32534 US	Mailing Address 101 E ROBERTS RD PENSACOLA, FL 32534
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03042004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3454619	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MATTHEWS, EDESEL F JR
308 S JEFFERSON ST
PENSACOLA, FL 32501

**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

U000000101067
U4/U1/U4-80033-008 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HOBBS, JAMES B 2172 WEST NINE MILE RD, #165 PENSACOLA, FL 32534
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HARPOLE, JAMES Y 2713 WOODBREEZE DRIVE CANTONMENT, FL 32533
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD MENKE, LORI 316 S BAYLEN ST STE 600 PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HOBBS, SHERRY FLORA 2172 WEST NINE MILE RD, #165 PENSACOLA, FL 32534
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HARPOLE, CHRISTINA H 2713 WOODBREEZE DRIVE CANTONMENT, FL 32533
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PAPANTONIO, J MICHAEL 316 S BAYLEN ST., STE 600 PENSACOLA, FL 32501

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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

Date

Daytime Phone #