# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jul 11, 2005 08:00 AM**
**Secretary of State**

DOCUMENT # P97000042517

1. Entity Name
COMMSTRUCTURES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 101 E. ROBERTS RD<br>CANTONMENT, FL 32534 US | 101 E ROBERTS RD<br>PENSACOLA, FL 32534 |

03232005 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, EDSEL 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 _____ DATE
*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

000000372147
07/11/05-80018-025 550.00

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE 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)(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:** _____ 3/22/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #