


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90089 037 \*\*\*150.00

**DOCUMENT # P97000070956**


1. Entity Name  
**LONGWOOD COMMERCE CENTER, INC.**



Principal Place of Business      Mailing Address  
**499 N STATE ROAD 434**      **499 N STATE ROAD 434**  
**SUITE 2179**      **SUITE 2179**  
**ALTAMONTE SPRINGS, FL 32714**      **ALTAMONTE SPRINGS, FL 32714**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
 Zip      Country      Zip      Country



01192007      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For  
**59-3467612**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**HOLLINGSWORTH, GEORGE R II**  
**499 N SR 434**  
**SUITE 2179**  
**ALTAMONTE SPRINGS, FL 32714**

7. Name and Address of New Registered Agent  
 Name *George R Hollingsworth II*  
 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)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	MOORE, B J	
STREET ADDRESS	499 N SR 434, SUITE 2179	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	
TITLE	D	<input type="checkbox"/> Delete
NAME	BINFORD, T A	
STREET ADDRESS	499 N SR 434, SUITE 2179	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEIN, TRACY S	
STREET ADDRESS	499 N SR 434 SUITE 2179	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	
TITLE	DS	<input type="checkbox"/> Delete
NAME	HOLLINGSWORTH, GEORGE R II	
STREET ADDRESS	499 N SR 434 SUITE 2179	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 reports 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 lines empowered.

**SIGNATURE:** *[Signature]*      **1/24/07**      **407-862-9562**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #