

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000070956

FILED  
Jan 29, 2009  
Secretary of State

Entity Name: LONGWOOD COMMERCE CENTER, INC.

## Current Principal Place of Business:

499 N STATE ROAD 434  
SUITE 2179  
ALTAMONTE SPRINGS, FL 32714

## New Principal Place of Business:

## Current Mailing Address:

499 N STATE ROAD 434  
SUITE 2179  
ALTAMONTE SPRINGS, FL 32714

## New Mailing Address:

FEI Number: 59-3467612      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HOLLINGSWORTH, GEORGE R II  
499 N SR 434  
SUITE 2179  
ALTAMONTE SPRINGS, FL 32714 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: MOORE, B J  
Address: 499 N SR 434, SUITE 2179  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D ( ) Delete  
Name: BINFORD, T A  
Address: 499 N SR 434, SUITE 2179  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D ( ) Delete  
Name: STEIN, TRACY S  
Address: 499 N SR 434 SUITE 2179  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: DS ( ) Delete  
Name: HOLLINGSWORTH II, GEORGE R  
Address: 499 N SR 434 SUITE 2179  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DS (X) Change ( ) Addition  
Name: HOLLINGSWORTH II, GEORGE R II  
Address: 499 N SR 434 SUITE 2179  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEORGE R. HOLLINGSWORTH, II

SEC

01/29/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date