

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000070956

FILED
Jan 19, 2010
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
Name: MOORE, B J
Address: 499 N SR 434, SUITE 2179
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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

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

Title: DS
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 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 all other like empowered.

SIGNATURE: GEORGE R. HOLLINGSWORTH, II

SEC

01/19/2010

Electronic Signature of Signing Officer or Director

_____ Date