2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P99000039936

1. Entity Name
COMMFLO.COM CORPORATION

FILED
04 OCT -8 AM 9:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
829 WOODWARD STREET LAKELAND, FL 33803 US	829 WOODWARD STREET LAKELAND, FL 33803 US

10072004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
25 2nd Street North	25 2nd Street North
Suite, Apt. #, etc.: Suite 190	Suite, Apt. #, etc.: Suite 190
City & State: St. Petersburg, FL	City & State: St. Petersburg, FL
Zip: 33701 Country: U.S.	Zip: 33701 Country: U.S.

4. FEI Number: 59-3631948 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KILEY, MARY L 829 WOODWARD ST LAKELAND, FL 33803	Name: Craven, Brent A. Street Address (P.O. Box Number is Not Acceptable): 4134 48th Avenue South City: St. Petersburg, FL Zip Code: 33711

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: Brent A. Craven, CEO 10-7-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P KILEY, R. JAY 829 WOODWARD STREET LAKELAND, FL 33803	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVTSM Craven, Brent A. 4134 48th Avenue South St. Petersburg, FL 33711 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPST KILEY, MARY L 829 WOODWARD ST LAKELAND, FL 33803	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C Joe Collier 701 South Howard Avenue - Ste 205 Tampa, FL 33606 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROBERTS, BELINDA 1319 OXFORD RD NE ATLANTA, GA 30307	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~600041710096~~ ~~10/08/04--01029--024 **150.00~~ ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DONOVAN, JOSEPH 5 DIANA DRIVE CANTON, MA 02021	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~10/08/04--01029--024 **70.00~~ ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	600041710096 10/08/04--01029--024 **70.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Brent A. Craven, CEO 10-7-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

Daytime Phone # 727-871-5509