2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 16, 2009
Secretary of State

DOCUMENT# P99000039936

Entity Name: COMMFLO CORPORATION

Current Principal Place of Business:

829 WOODWARD STREET
LAKELAND, FL 33803 US

New Principal Place of Business:

Current Mailing Address:

829 WOODWARD STREET
LAKELAND, FL 33803 US

New Mailing Address:

FEI Number: 59-3631948 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KILEY, R. JAY
829 WOODWARD STREET
LAKELAND, FL 33803 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CD ( ) Delete
Name: SWYGERT, RENDER
Address: 601 E CHARLES ST
City-St-Zip: LAKELAND, FL 33803

Title: D ( ) Delete
Name: SHINN, TYRONE
Address: 1602 54TH STREET WEST
City-St-Zip: BRADENTON, FL 34209

Title: D ( ) Delete
Name: KILEY, JAY
Address: 829 WOODWARD STREET
City-St-Zip: LAKELAND, FL 33803 US

Title: T ( ) Delete
Name: KILEY, MARY LU
Address: 829 WOODWARD STREET
City-St-Zip: LAKELAND, FL 33803 US

Title: SD ( ) Delete
Name: ROBERTS, BELINDA
Address: 1319 OXFORD ROAD NE
City-St-Zip: ATLANTA, GA 30307

Title: D ( ) Delete
Name: COLLIER, JOE
Address: 716 S NEWPORT AVE
City-St-Zip: TAMPA, FL 33606

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

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

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

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: MARY LU KILEY T 06/16/2009

Electronic Signature of Signing Officer or Director Date