


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90012 010 ***150.00

DOCUMENT # V65151

1. Entity Name
THE COMMODORE SALES & RENTAL CORPORATION



Principal Place of Business Mailing Address

4715 THOMAS DRIVE 4715 THOMAS DRIVE
 PANAMA CITY BEACH, FL 32408 US PANAMA CTIY BEACH, FL 32408 US


2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

54012438



02252004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

59-3145257 Not Applicable

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

6. Name and Address of Current Registered Agent

SMITH, CAROL D
 409 BETH ST
 PANAMA CITY BEACH, FL 32407

7. Name and Address of New Registered Agent

Name

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: *Carol D. Smith* CAROL D. SMITH FEB. 26, 2004

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, CAROL	NAME	
STREET ADDRESS	409 BETH ST	STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32407	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERBOT, BILL	NAME	
STREET ADDRESS	4715 THOMAS DR. #1210	STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32408	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, RON	NAME	
STREET ADDRESS	4715 THOMAS DR # 401	STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY BCH, FL 32408	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, BILL	NAME	
STREET ADDRESS	4715 THOMAS DRIVE #608	STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY, FL 32408	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICHOLS, ED	NAME	
STREET ADDRESS	4715 THOMAS DR	STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY, FL 32408	CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HONEY, MARGARET	NAME	TREASURER
STREET ADDRESS	4715 THOMAS DRIVE #109	NAME	ROGER MARTIN
CITY-ST-ZIP	PANAMA CITY BCH, FL 32408	STREET ADDRESS	105 ROLLINGWOOD CIRCLE
		CITY-ST-ZIP	ROME, GA 30165

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: *Bill Terbot, Pres* BILL TERBOT PRESIDENT FEB. 26, 2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #