


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 14, 2005 8:00 am**  
**Secretary of State**

07-14-2005 90079 001 \*\*\*150.00

**DOCUMENT # V65151**  
 1. Entity Name  
**THE COMMODORE SALES & RENTAL CORPORATION**



Principal Place of Business  
**4715 THOMAS DRIVE**  
**PANAMA CITY BEACH, FL 32408 US**

Mailing Address  
**4715 THOMAS DRIVE**  
**PANAMA CITY BEACH, FL 32408 US**

**20063750**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

07012005 Chg-P CR2E034 (10/03)

City & State  
 Zip Country

4. FEI Number  
**59-3145257**

Applied For  
 Not Applicable

6. Name and Address of Current Registered Agent  
**SMITH, CAROL D**  
**409 BETH ST**  
**PANAMA CITY BEACH, FL 32407**

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

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 \_\_\_\_\_  
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**  
**Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>O'Connell William</b> <b>4008 TRIXT HOMESTEAD</b> <b>MARIETTA GA 30062</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Clark Pansy</b> <b>1537 Victoria Woods</b> <b>NIWASSSEE GA 30546</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>Adams Bill</b> <b>4715 Thomas Dr 608</b> <b>Panama City Bch Fl 32408</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Carol Smith*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-4-05** **850-234-8699**  
 Date Daytime Phone #