


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90084 020 \*\*\*150.00

<b>DOCUMENT # V65151</b>			
1. Entity Name <b>THE COMMODORE SALES &amp; RENTAL CORPORATION</b>			
Principal Place of Business 4715 THOMAS DRIVE PANAMA CITY BEACH, FL 32408 US		Mailing Address 4715 THOMAS DRIVE PANAMA CTIY BEACH, FL 32408 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SMITH, CAROL D 409 BETH ST PANAMA CITY BEACH, FL 32407		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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 MARTIN, ROGER 105 ROLLINGWOOD CIR ROME, GA 30165 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ron Davis - Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4715 Thomas Dr. 401 Panama City Beach, FL 32408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ADAMS, BILL 4715 THOMAS DR 608 PANAMA CITY, FL 32408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Leland Davis - Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4715 Thomas Dr. 1007 Panama City Beach, FL 32408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TERBOT, BILL 4715 THOMAS DR 1210 PANAMA CITY, FL 32408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	William O'Connell - Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4008 Tritt Homestead Dr. Marietta, GA 30062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, PANSY 1537 VICTORIA WOODS DR HIAWASSEE, GA 30546 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EMERY, CATHY 3692 EDEN BOURGH PL MARIETTA, GA 30066 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANEY, MARGARET 4715 THOMAS DR 109 PANAMA CITY, FL 32408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Honey, Margaret <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Carol D Smith</u>		Date: <u>850-234-8699</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	