


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 8:00 am
Secretary of State

03-21-2008 90019 023 ***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**

40049642

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

01082008 Chg-P CR2E034 (12/06)

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* DATE: **3-19-08**

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MARTIN, ROGER	
STREET ADDRESS	105 ROLLINGWOOD CIR	
CITY-ST-ZIP	ROME, GA 30165	
TITLE	V	<input type="checkbox"/> Delete
NAME	ADAMS, BILL	
STREET ADDRESS	4715 THOMAS DR 608	
CITY-ST-ZIP	PANAMA CITY, FL 32408	
TITLE	T	<input type="checkbox"/> Delete
NAME	TERBOT, BILL	
STREET ADDRESS	4715 THOMAS DR 1210	
CITY-ST-ZIP	PANAMA CITY, FL 32408	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, RON	
STREET ADDRESS	4715 THOMAS DR 401	
CITY-ST-ZIP	PANAMA CITY, FL 32408	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, LELAND	
STREET ADDRESS	4715 THOMAS DR 1007	
CITY-ST-ZIP	PANAMA CITY, FL 32408	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HONEY, MARGARET	
STREET ADDRESS	4715 THOMAS DR 109	
CITY-ST-ZIP	PANAMA CITY, FL 32408	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kirkland, Jerry	
STREET ADDRESS	85 Mink Hollow Dr.	
CITY-ST-ZIP	Carrollton, GA 30166	
TITLE	V/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Adams, Bill	
STREET ADDRESS	4715 Thomas Dr. 608	
CITY-ST-ZIP	PCB, FL 32408	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	terbot, Bill	
STREET ADDRESS	4715 Thomas Dr. 1210	
CITY-ST-ZIP	PCB, FL 32408	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nesseth, Linda	
STREET ADDRESS	4715 Thomas Dr. 803	
CITY-ST-ZIP	PCB, FL 32408	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Carol D. Smith* Date: **3-19-08** Daytime Phone #: **850-234-8699**