

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000042517

Entity Name: COMMSTRUCTURES, INC.**Current Principal Place of Business:**101 E. ROBERTS RD
PENSACOLA, FL 32534**Current Mailing Address:**101 E ROBERTS RD
PENSACOLA, FL 32534**FEI Number: 59-3454619****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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**Officer/Director Detail :**

Title	PD
Name	HOBBS, JAMES B
Address	1015 MALDONADO DR.
City-State-Zip:	PENSACOLA BEACH FL 32561

Title	STD
Name	MENKE, LORI
Address	316 S BAYLEN ST STE 600
City-State-Zip:	PENSACOLA FL 32501

Title	D
Name	HARPOLE, CHRISTINA H
Address	415 JAMES RIVER RD.
City-State-Zip:	GULF BREEZE FL 32561

Title	VD
Name	HARPOLE, JAMES Y
Address	415 JAMES RIVER RD.
City-State-Zip:	GULF BREEZE FL 32561

Title	D
Name	HOBBS, SHERRY FLORA
Address	1015 MALDONADO DR.
City-State-Zip:	GULF BREEZE FL 32561

Title	D
Name	PAPANTONIO, J MICHAEL
Address	316 S BAYLEN ST., STE 600
City-State-Zip:	PENSACOLA FL 32501

I hereby 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 all other like empowered.

SIGNATURE: JAMES B. HOBBS**PRESIDENT****01/08/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date