

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V65151

**FILED**  
**Jan 20, 2020**  
**Secretary of State**  
**9023650464CC**

**Entity Name:** THE COMMODORE SALES & RENTAL CORPORATION

**Current Principal Place of Business:**

4715 THOMAS DRIVE  
PANAMA CITY BEACH, FL 32408

**Current Mailing Address:**

4715 THOMAS DRIVE  
PANAMA CITY BEACH, FL 32408 US

**FEI Number:** 59-3145257

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WALLS, LYNN S  
4715 THOMAS DRIVE  
PANAMA CITY BEACH, FL 32408 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           TREASURER  
Name           MEADOR, DOUG  
Address        4715 THOMAS DR 709  
City-State-Zip: PANAMA CITY FL 32408

Title           PRESIDE, PRESIDENT  
Name           WILLINGHAM, RAMONA  
Address        2922 KINGS DRIVE  
City-State-Zip: PANAMA CITY FL 32405

Title           VP  
Name           COX, BARBARA  
Address        955 GOLF VIEW COURT  
City-State-Zip: DACULA GA 30019

Title           SECRETARY  
Name           WALLS, LYNN S  
Address        4715 THOMAS DRIVE  
City-State-Zip: PANAMA CITY BEACH FL 32408

Title           DIRECTOR  
Name           EPSTEIN, MONICA  
Address        208 FAIRWAY BLVD.  
City-State-Zip: PANAMA CITY BEACH FL 32408

Title           DIRECTOR  
Name           EZELL, GEORGETTE  
Address        4715 THOMAS DRIVE UNIT 501  
City-State-Zip: PANAMA CITY BEACH FL 32408

Title           DIRECTOR  
Name           ROBEL, BETH  
Address        200 BONIFAY DRIVE  
City-State-Zip: SMYRNA TN 37167

*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:** LYNN WALLS

**SECRETARY**

**01/20/2020**

Electronic Signature of Signing Officer/Director Detail

Date