

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V65151

**FILED**  
**Jan 13, 2017**  
**Secretary of State**  
**CC7585915793**

**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 VP  
Name DAVIS, LELAND  
Address 4715 THOMAS DR 1007  
City-State-Zip: PANAMA CITY FL 32408

Title PRESIDENT  
Name MEADOR, DOUG  
Address 4715 THOMAS DR 709  
City-State-Zip: PANAMA CITY FL 32408

Title TREASURER  
Name WILLINGHAM, RAMONA  
Address 4448 ASHLAND ROAD  
City-State-Zip: PANAMA CITY BEACH FL 32408

Title DIRECTOR  
Name MILLER, TOM  
Address 121 MOUNTAIN BREEZE ROAD  
City-State-Zip: RAINBOW CITY AL 35906

Title DIRECTOR  
Name VIGUE, PHYLLIS  
Address 4715 THOMAS DRIVE  
UNIT 210  
City-State-Zip: PANAMA CITY BEACH FL 32408

Title DIRECTOR  
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

*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 S. WALLS

**SECRETARY**

**01/13/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date