

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 07

DOCUMENT # 125325 1. Entity Name COMMERCIAL FINANCE COMPANY					
Principal Place of Business 955 ORANGE AVE, STE K DAYTONA BEACH, FL 32114			Mailing Address 955 ORANGE AVE, STE K DAYTONA BEACH, FL 32114 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-0202539	
Zip		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BRAY, ROSS % COMMERCIAL FINANCE CO. 925 W INTL SPEEDWAY BLVD DAYTONA BEACH, FL 32114			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			State 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D	NAME EUBANK, JAMES D III		<input type="checkbox"/> Delete		
STREET ADDRESS 410 14TH ST.	CITY-ST-ZIP SAINT AUGUSTINE, FL 32084		TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 2328 KENILWORTH AVE	CITY-ST-ZIP DAYTONA BEACH, FL 32119		NAME 	STREET ADDRESS 	
CITY-ST-ZIP DAYTONA BEACH, FL 32119	CITY-ST-ZIP 		CITY-ST-ZIP 	CITY-ST-ZIP 	
TITLE GM	NAME BRAY, ROSS		<input type="checkbox"/> Delete		
STREET ADDRESS 2328 KENILWORTH AVE	CITY-ST-ZIP DAYTONA BEACH, FL 32119		TITLE 		
CITY-ST-ZIP DAYTONA BEACH, FL 32119	CITY-ST-ZIP 		NAME 		
TITLE STD	NAME COLEMAN, SUSAN H.		<input type="checkbox"/> Delete		
STREET ADDRESS 20 ELIZABETH LANE	CITY-ST-ZIP DAYTONA BEACH, FL		TITLE 		
CITY-ST-ZIP DAYTONA BEACH, FL	CITY-ST-ZIP 		NAME 		
TITLE CD	NAME COLEMAN, HARRIET R.		<input type="checkbox"/> Delete		
STREET ADDRESS 735 N. HALIFAX DR.	CITY-ST-ZIP DAYTONA BEACH, FL		TITLE 		
CITY-ST-ZIP DAYTONA BEACH, FL	CITY-ST-ZIP 		NAME 		
TITLE PD	NAME COLEMAN, CHARLES A		<input type="checkbox"/> Delete		
STREET ADDRESS 305 JOHN ANDERSON DRIVE	CITY-ST-ZIP ORMOND BCH, FL		TITLE 		
CITY-ST-ZIP ORMOND BCH, FL	CITY-ST-ZIP 		NAME 		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 		TITLE 		
CITY-ST-ZIP 	CITY-ST-ZIP 		NAME 		
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: _____			Date _____		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone # _____		