2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 125325

Title:

Name:

Address:

PD

City-St-Zip: ORMOND BCH, FL

() Delete

305 JOHN ANDERSON DRIVE

COLEMAN, CHARLES A

FILED Feb 05, 2009 Secretary of State

Entity Name: COMMERCIAL FINANCE COMPANY					
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
955 ORANGE AVE, STE K DAYTONA BEACH, FL 32114			955 ORANGE AVE. SUITE E DAYTONA BEACH, I		
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
955 ORANGE AVE, STE K DAYTONA BEACH, FL 32114 US			955 ORANGE AVE. SUITE E DAYTONA BEACH, I		
FEI Number:	59-0202539 FEI Nu	ımber Applied For() Fi	El Number Not Applicable()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
BRAY, ROSS % COMMERCIAL FINANCE CO. 925 W INTL SPEEDWAY BLVD DAYTONA BEACH, FL 32114 US			955 ORANGE AVE. \$	BRAY, ROSS COMMERCIAL FINANCE CO. 955 ORANGE AVE. STE E DAYTONA BEACH, FL 32114 US	
The above in the State		this statement for the purpo	ose of changing its register	ed office or registered agent, or both,	
SIGNATURE: ROSS BRAY				02/05/2009	
Electronic Signature of Registered Agent Date				Date	
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () Delete EUBANK, JAMES D III 410 14TH ST. SAINT AUGUSTINE, FL	32084	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	GM () Delete BRAY, ROSS 2328 KENILWORTH AVE DAYTONA BEACH, FL 3		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	STD () Delete COLEMAN, SUSAN H., 20 ELIZABETH LANE DAYTONA BEACH, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CD () Delete COLEMAN, HARRIET R., 735 N. HALIFAX DR. DAYTONA BEACH, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ROSS BRAY GM 02/05/2009

() Change () Addition