

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 249127

1. Entity Name
FLORIDA COMMERCIAL DEVELOPMENT CORPORATION



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV 14 AM 9:58

Principal Place of Business
PO BOX 8313
CORAL SPRINGS, FL 33075 US

Mailing Address
PO BOX 8313
CORAL SPRINGS, FL 33075 US



10302006 Chg-P CR2E034 (11/05)

2. Principal Place of Business
801 ANN STREET
Suite, Apt. #, etc.

3. Mailing Address
801 ANN STREET
Suite, Apt. #, etc.

City & State
WILMINGTON, NC

City & State
WILMINGTON, NC

Zip Country
28401 USA

Zip Country
28401 USA

4. FEI Number
59-0969908

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROTH, RICHARD II
405 CAMELIA TRL
SAINT AUGUSTINE, FL 32086

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City 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 _____

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GERRARD, KENNETH M 1719 CEDARCLIFF RD HIAWASSEE, GA 30546	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GERRARD, MARK T VP 2682 QUANTUM LAKES DRIVE BOYNTON BEACH, FL 33426	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES/DIRECTOR MARK GERRARD 801 ANN STREET WILMINGTON, NC 28401	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	100081771061 11/14/06--01068--018 **61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Mark Gerrard 11/6/06 (910) 763-7883

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #