## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Secretary of State **DOCUMENT #264591** 03-15-2006 90103 012 \*\*\*150.00 1. Entity Name COMMERCIAL IRON & METALS CO INC. Principal Place of Business Mailing Address 14053 MARINE CT. 14053 MARINE CT. ORLANDO, FL 32832-6505 US ORLANDO, FL 32832-6505 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03022006 Chg-P CR2E034 (11/05) 4. FEI Number Applied For City & State City & State 59-0978587 Not Applicable Country Ziρ \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BECHTEL, STEVEN R Street Address (P.O. Box Number is Not Acceptable) 225 E. ROBINSON ST., STE 600 ORLANDO, FL 32801 City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PDT ☐ Delete TITLE ☐ Change ☐ Addition TITLE CONDREY, HAL D. NAME NAME 317 W KALEY AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32806 CITY-ST-ZIP VDS ☐ Change [ Addition ☐ Delete TITLE TITLE NAME CONDREY, DEVIN NAME STREET ADDRESS 317 W KALEY AVE STREET ADDRESS ORLANDO, FL 32806 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ASEC ☐ Channe TITLE 🔽 Delete TITLE PEAGLER, JOANNE D. NAME NAME STREET ADDRESS 317 W KALEY AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO, FL 32806 Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED

Mar 15, 2006 8:00 am