


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90162 032 ***150.00

DOCUMENT # 423459					
1. Entity Name COMMERCIAL ELECTRONIC SYSTEMS, INC.					
Principal Place of Business 3336 TYRONE BLVD ST PETERSBURG, FL 33710			Mailing Address 3336 TYRONE BLVD ST PETERSBURG, FL 33710		
2. Principal Place of Business - No P.O. Box # 3344 TYRONE BLVD		3. Mailing Address 3344 TYRONE BLVD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04292008 Chg-P CR2E034 (12/06)	
4. FEI Number 59-1449298				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
EWIN, WILLIAM E SR 2849 62ND ST N ST PETERSBURG, FL 33710			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EWIN, WILLIAM E		NAME		
STREET ADDRESS	2849 62ND ST NO		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33710		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EWIN, MARIE A		NAME		
STREET ADDRESS	2849 62ND ST N		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33710		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EWIN, TERENCE		NAME		
STREET ADDRESS	3336 TYRONE BLVD		STREET ADDRESS	3344 TYRONE BLVD	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33710		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EWIN, WILLIAM E		NAME		
STREET ADDRESS	3336 TYRONE BLVD		STREET ADDRESS	3344 TYRONE BLVD	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33710		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.					
SIGNATURE: <u><i>Terry J. Ewin</i></u> PRESIDENT <u><i>TERRY J. EWIN</i></u> 4/30/08 127-347-9209 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					