

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F01000002435

**FILED**  
**Apr 19, 2010**  
**Secretary of State**

**Entity Name:** COMMERCIAL MARKETS INSURANCE COMPANIES, INC.

**Current Principal Place of Business:**

583 SILVERGATE LOOP  
LAKE MARY, FL 32746

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 953279  
LAKE MARY, FL 32795

**New Mailing Address:**

**FEI Number:** 59-3620241

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GEBHARDT, MARK  
583 SILVERGATE LOOP  
LAKE MARY, FL 32746 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PCD  
**Name:** GEBHARDT, MARK D  
**Address:** PO BOX 953279  
**City-St-Zip:** LAKE MARY, FL 32795

**Title:** SD  
**Name:** GEBHARDT, KATHRYNNE  
**Address:** PO BOX 953279  
**City-St-Zip:** LAKE MARY, FL 32795

I hereby 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 all other like empowered.

**SIGNATURE:** MARK D GEBHARDT

PRES

04/19/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date