

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 29, 2005 08:00 AM
Secretary of State

DOCUMENT # F97000003241

1. Entity Name
COMMERCE BENEFITS GROUP AGENCY, INC.



Principal Place of Business
**33479 LAKE RD.
 AVON LAKE, OH 44012**

Mailing Address
**33479 LAKE RD.
 AVON LAKE, OH 44012**



07082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **34-1816804** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MALONEY, JOHN J ESQ
 3663 CENTRAL AVENUE
 ST PETERSBURG, FL 33713**

**DO NOT WRITE
 IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE _____

**FILE NOW!!! FEE IS \$150.00
 Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PATTON, THOMAS J
STREET ADDRESS	33479 LAKE RD.
CITY - ST - ZIP	AVON LAKE, OH 44012
TITLE	ST
NAME	PATTON, THOMASINA B
STREET ADDRESS	33479 LAKE RD.
CITY - ST - ZIP	AVON LAKE, OH 44012
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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**DO NOT WRITE
 IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

Thomas J. Patton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/25/05
Date

440-930-7500
Daytime Phone #