

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Jan 29, 2007 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**



1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **34-1816804**

Applied For  
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MALONEY, JOHN L ESQ  
3862 CENTRAL AVENUE  
ST PETERSBURG FL 33711**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee Will Be \$550.00  
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**P  
PATTON, THOMAS J  
33479 LAKE RD.  
AVON LAKE OH 44012**

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

Change  Addition

**U00000610961  
02/02/07-80041--023 150.00**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**ST  
PATTON, THOMASINA B  
33479 LAKE RD.  
AVON LAKE OH 44012**

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

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CITY - ST - ZIP

Change  Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** Thomasina B. Patton **1/24/07** **(440) 930-7500**

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