

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H34851

FILED
Mar 09, 2004
Secretary of State

Entity Name: COMMANDER-GREENLEAF, INC.

Current Principal Place of Business:

200 LAURA STREET
P.O. BOX 240
JACKSONVILLE, FL 322017240

New Principal Place of Business:

200 LAURA STREET
JACKSONVILLE, FL 32202 US

Current Mailing Address:

200 LAURA STREET
P.O. BOX 240
JACKSONVILLE, FL 322017240

New Mailing Address:

200 LAURA STREET
JACKSONVILLE, FL 32202 US

FEI Number: 59-2476679

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

F&L CORP.
200 LAURA STREET
JACKSONVILLE, FL 32202 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: DPS () Delete
Name: LEGLER, MITCHELL W.,
Address: 300 A WHARFSIDE WAY
City-St-Zip: JACKSONVILLE, FL

Title: VAS () Delete
Name: WELCH, JOHN M. JR.,
Address: 200 LAURA ST.
City-St-Zip: JACKSONVILLE, FL

Title: V () Delete
Name: WHITMIRE, GEORGE W S, R.
Address: 200 LAURA ST 10 FLR
City-St-Zip: JACKSONVILLE, FL

Title: VAS () Delete
Name: LOTZIA, MEMERSON M
Address: 200 LAURA ST
City-St-Zip: JACKSONVILLE, FL

Title: VP () Delete
Name: COMMANDER III, CHARLES E
Address: 200 LAURA STREET
City-St-Zip: JACKSONVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: WHITMIRE, GEORGE W J, R.
Address: 200 LAURA ST 10 FLR
City-St-Zip: JACKSONVILLE, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MITCHELL W. LEGLER

DPS

03/09/2004

Electronic Signature of Signing Officer or Director

Date