

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2007 08:00 A
Secretary of State

DOCUMENT # H92227	
1. Entity Name COMMERCIAL DEVELOPMENT SERVICES, INC.	
Principal Place of Business 7015 PROFESSIONAL PKWY E. SARASOTA, FL 34240	Mailing Address 46 N. WASHINGTON BLVD. SUITE 1 SARASOTA, FL 34236



02212007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2636477

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

6. Name and Address of Current Registered Agent LPS CORPORATE SERVICES, INC. 46 N. WASHINGTON BLVD. SUITE 1 SARASOTA, FL 34236
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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**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COX, JOHN J 7015 PROFESSIONAL PKWY E SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD COX, JOHN J III 7015 PROFESSIONAL PKWY E. SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST SAMPSON, VANESSA 7015 PROFESSIONAL PARKWAY EAST SARASOTA, FL 34240
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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03/30/07-80017-014 150.00

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IN THIS SPACE**

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 reports 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-07

Date

941-907-9099

Daytime Phone #

John J. Cox, President