## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J78604

FILED Apr 27, 2007 Secretary of State

DOCUMENT# 370004	Secretary of State
Entity Name: COMMERCIAL LONGLINERS, INC.	
Current Principal Place of Business:	New Principal Place of Business:
2642 N CAUSEWAY FT. PIERCE, FL 34946 US	22 N CAUSEWAY DR FT. PIERCE, FL 34946 US
Current Mailing Address:	New Mailing Address:
P O BOX 488 FORT PIERCE, FL 34954 US	
FEI Number: 59-2820353 FEI Number Applied For ( )	El Number Not Applicable ( ) Certificate of Status Desired (X)
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
SHEARER, SYLVIA J 2307 CANOE CREEK LN FT. PIERCE, FL 34981 US	SHEARER, SYLVIA J 4380 GATOR TRACE LANE FT. PIERCE, FL 34982 US
The above named entity submits this statement for the purpoin the State of Florida.	ose of changing its registered office or registered agent, or both,
SIGNATURE:	04/27/2007
Electronic Signature of Registered Agent  Election Campaign Financing Trust Fund Contribution ( ).	Date
	ADDITIONS (OLIANOES TO OFFICEDS AND DIDECTORS)
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title:         DP         ( ) Delete           Name:         SHEARER, SYLVIA,           Address:         4380 GATOR TRACE LN           City-St-Zip:         FORT PIERCE, FL 34982	Title: () Change () Addition Name: Address: City-St-Zip:
Title: DV () Delete Name: BLANKENBAKER, CAROL, Address: 1054 PULITZER RD City-St-Zip: FT. PIERCE, FL 34945	Title: DVST (X) Change ( ) Addition Name: BLANKENBAKER, CAROL, Address: 1054 PULITZER RD City-St-Zip: FT. PIERCE, FL 34945
Title: DST (X) Delete Name: COZINE, GLORIA JEAN,	Title: ( ) Change ( ) Addition Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

Address:

City-St-Zip:

SIGNATURE: CAROL BLANKENBAKER DVST 04/27/2007

4380 GATOR TRACE LN

FORT PIERCE, FL 34982

Address: City-St-Zip: