

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J78604

FILED
Apr 27, 2007
Secretary of State

Entity Name: COMMERCIAL LONGLINERS, INC.

Current Principal Place of Business:

2642 N CAUSEWAY
FT. PIERCE, FL 34946 US

New Principal Place of Business:

22 N CAUSEWAY DR
FT. PIERCE, FL 34946 US

Current Mailing Address:

P O BOX 488
FORT PIERCE, FL 34954 US

New Mailing Address:

FEI Number: 59-2820353 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SHEARER, SYLVIA J
2307 CANOE CREEK LN
FT. PIERCE, FL 34981 US

Name and Address of New Registered Agent:

SHEARER, SYLVIA J
4380 GATOR TRACE LANE
FT. PIERCE, FL 34982 US

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

04/27/2007

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SHEARER, SYLVIA,
Address: 4380 GATOR TRACE LN
City-St-Zip: FORT PIERCE, FL 34982

Title: DV () Delete
Name: BLANKENBAKER, CAROL,
Address: 1054 PULITZER RD
City-St-Zip: FT. PIERCE, FL 34945

Title: DST (X) Delete
Name: COZINE, GLORIA JEAN,
Address: 4380 GATOR TRACE LN
City-St-Zip: FORT PIERCE, FL 34982

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DVST (X) Change () Addition
Name: BLANKENBAKER, CAROL,
Address: 1054 PULITZER RD
City-St-Zip: FT. PIERCE, FL 34945

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

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.

SIGNATURE: CAROL BLANKENBAKER

Electronic Signature of Signing Officer or Director

DVST

04/27/2007

Date