


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**


04-12-2005 90127 002 \*\*\*150.00

**DOCUMENT # K36014**  
1. Entity Name  
**COMMERCIAL MARKETING NETWORK, INC.**



Principal Place of Business      Mailing Address  
180 W DOUGLAS RD      327 BROOKSIDE CT  
OLDSMAR, FL 34677 US      PALM HARBOR, FL 34683 US

**DO NOT WRITE IN THIS SPACE**



04052005    No Chg-P    CR2E034 (10/03)

4. FEI Number <del>59-2068262</del> <b>59-2969252</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
EDWARD J KEANE  
327 BROOKSIDE CT  
PALM HARBOR, FL 34683

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IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	EDWARD J KEANE
STREET ADDRESS	327 BROOKSIDE CT
CITY-ST-ZIP	PALM HARBOR, FL 34683
TITLE	S
NAME	CONN, BRIDGET A
STREET ADDRESS	327 BROOKSIDE CT
CITY-ST-ZIP	PALM HARBOR, FL 34683
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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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Edward J Keane      4/15/05      813855-2465  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

EDWARD J. KEANE