

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 14, 2008 08:00 AM  
Secretary of State

DOCUMENT # L01392

1. Entity Name  
THE COMMAND GROUP, INC.



Principal Place of Business  
15 SIGNAL AVENUE  
ORMOND BEACH, FL 32174

Mailing Address  
15 SIGNAL AVENUE  
ORMOND BEACH, FL 32174 US



03142008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3018036  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HEEBNER, PETER B.  
523 NORTH HALIFAX AVENUE  
DAYTONA BEACH, FL 32118

**DO NOT WRITE  
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

(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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

U000000894072  
04/24/08-80013-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SLICK, DAVID T.
STREET ADDRESS	322 JOHN ANDERSON
CITY-ST-ZIP	ORMOND BEACH, FL
TITLE	SD
NAME	SLICK, ANTOINETTE M.
STREET ADDRESS	322 JOHN ANDERSON
CITY-ST-ZIP	ORMOND BEACH, FL
TITLE	D
NAME	PERRYMAN, DAVID P
STREET ADDRESS	30 TWELVE OAKS TR
CITY-ST-ZIP	ORMOND BEACH, FL
TITLE	D
NAME	LENTZ, CARL W III
STREET ADDRESS	2411 N HALIFAX DR
CITY-ST-ZIP	DAYTONA BCH, FL
TITLE	D
NAME	EDDY, RAY
STREET ADDRESS	45 SETON TRAIL
CITY-ST-ZIP	ORMOND BEACH, FL 32176
TITLE	D
NAME	LEMERAND, GALE
STREET ADDRESS	103-B NORTHLAKE DR
CITY-ST-ZIP	ORMOND BEACH, FL 32174

**DO NOT WRITE  
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-9-08 677-7775