


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90225 049 ***150.00

DOCUMENT # M96373 1. Entity Name COMMERCE CENTRAL, INC.					
Principal Place of Business BAYFRONT TOWER 1 BEACH DR S.E. #304 SAINT PETERSBURG, FL 33701			Mailing Address BAYFRONT TOWER 1 BEACH DR S.E. #304 SAINT PETERSBURG, FL 33701		
2. Principal Place of Business 2848 5th Avenue No.		3. Mailing Address 2848 5th Avenue No.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State St. Petersburg, FL		City & State St. Petersburg, FL		4. FEI Number 59-2907254	
Zip 33713		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BURNETT, JOHN S. BAYFRONT TOWER 1 BEACH DR S.E. #101 SAINT PETERSBURG, FL 33701			7. Name and Address of New Registered Agent Name Mohip & Burnett, P.A. Street Address (P.O. Box Number is Not Acceptable) 2848 5th Avenue North St. Petersburg, FL 33713 City FL Zip Code		
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 <i>Anime Mohip</i> DATE 4/28/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BURNETT, JOHN S 1 BEACH DR S.E. SUITE 304 SAINT PETERSBURG, FL 33701	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Penny Diegel Isenbergh 7200 Demens Drive South St. Petersburg, FL 33712	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Penny Diegel Isenbergh</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Penny Diegel Isenbergh			Date 4/28/04 Daytime Phone # 727-865-3306		