

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000005998

1. Entity Name

486 COMMERCIAL P.O.A., INC.



Principal Place of Business

2476 N ESSEX AVE
HERNANDO, FL 34442

Mailing Address

2476 N ESSEX AVE
HERNANDO, FL 34442



03162006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3670808

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ABEL, ERIC D
2476 N ESSEX AVE
HERNANDO, FL 34442

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000433270
04/19/06-00088-010 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TAMPOSI, STEPHEN A
STREET ADDRESS	2476 N ESSEX AVE
CITY-ST-ZIP	HERNANDO, FL 34442
TITLE	TD
NAME	PASTOR, JOHN E
STREET ADDRESS	2476 N ESSEX AVE
CITY-ST-ZIP	HERNANDO, FL 34442
TITLE	SD
NAME	ABEL, ERIC D
STREET ADDRESS	2476 N ESSEX AVE
CITY-ST-ZIP	HERNANDO, FL 34442
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 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 617, 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

3/30/06

Date

352-746-6060

Organic Phone #