

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2008 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



04102008 No Chg-NP

CR2E037 (4/06)

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000904352
05/01/08-80009-012 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

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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

4/14/08

Date

352-746-6060

Daytime Phone #