


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 04, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000075832**


1. Entity Name  
**COMMERCIAL TRANSPORT NETWORK, INC.**



Principal Place of Business      Mailing Address

6146 9TH AVE CIR NE      6146 9TH AVE CIR NE  
 BRADENTON, FL 34212 US      BRADENTON, FL 34212 US

**DO NOT WRITE IN THIS SPACE**



01162008    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>36-3745514</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

RIDDELL, JEFFERSON F  
 3400 S TAMiami TR  
 SARASOTA, FL 34239

**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 \_\_\_\_\_ (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

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	TOMASINO, CAROL
STREET ADDRESS	6146 9TH AVE CIRCLE NE
CITY-ST-ZIP	BRADENTON, FL 34212
TITLE	VPS
NAME	TOMASINO, ALLAN
STREET ADDRESS	6146 9TH AVE CIRCLE NE
CITY-ST-ZIP	BRADENTON, FL 34212
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000812725  
 02/12/08-80060-025 150.00

**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: *Carol Tomasino*      11/30/8      941-750-8990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #