## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P01000012245

1. Entity Name

COMMERCIAL FINANCE AND CONSULTING CORPORATION

Principal Place of Business

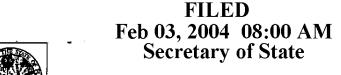
MYERS, TROY H JR.

SIGNATURE:

Mailing Address

2033 MAIN ST. SUITE 600 2033 MAIN ST. SUITE 600 SARASOTA, FL 34237 SARASOTA, FL 34237

6. Name and Address of Current Registered Agent





CR2E034 (10/03)

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0.12200; 110 bilg.	J. 12	
4. FEI Number		Applied For
65-1073379		Not Applicable
5. Certificate of Status Desired		\$8.75 Additional Fee Required

No Cha-P

DO NOT WRITE

01122004

	IN ST. SUITE 600 DTA, FL 34237			IN THIS SPACE			
8. The above the obligat	named entity submits this statement for the pions of registered agent.	urpose of changing its register	ed office or r	egistered agent, or bot	th, in the State of Florida. I am familiar with, and accept		
SIGNATURE.	Signature, typed or printed name of registered agent and title it	fapplicable (NOTE: Registers	ed Agent signature	required when reinstating)	DATE		
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	9. Election Campalgn Finar Trust Fund Contribution.		\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS	]		-		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MYERS, TROY H JR. 2033 MAIN ST. SUITE 600 SARASOTA, FL 34237				U00000030361 02/04/04-80105-015 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME SIREET ADDRESS CITY- ST-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							

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 eath; that I am an officer or director of the corporation or the receiver or trugtee 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 any address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR