2006 FOR PROFIT CORPORATION

DO NOT WRITE IN THIS SPACE

ANNUAL REPORT

DOCUMENT # P01000012245 1. Entity Name

COMMERCIAL FINANCE AND CONSULTING CORPORATION

Principal Place of Business

Mailing Address

2033 MAIN ST. SUITE 600 SARASOTA, FL 34237

2033 MAIN ST. SUITE 600 SARASOTA, FL 34237

FILED Feb 03, 2006 08:00 AM Secretary of State



01122008

No Cho-P

CR2E034 (11/05)

4. FE) Number 65-1073379

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Name and Address of Current Registered Agent			 	. ler a Juneal amount		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
MYERS, TROY H JR. 2033 MAIN ST. SUITE 600 SARASOTA, FL 34237				NOT WRITE THIS SPACE		
	named entity submits this statement for the plons of registered agent.			oth, in the State		r with, and accept
File Nowill FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 File Nowill FILE Notice IS \$150.00 File Nowill FILE IS \$150.00 File Clin Campaign Final Trust Fund Contribution.			 \$5.00 May Be Added to Fees		DATE	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT D MYERS, TROY H JR. 2033 MAIN ST. SUITE 600 SARASOTA, FL 34237	CTORS	article (A. F.)	And the second s	Application and all desiring processing and	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			 Trains Africa	02/13	0000417669 706-80035-0	05 150.00
NAME STREET ADDRESS CITY-ST-ZIP TITLE		· · · · · · · · · · · · · · · · · · ·	•		WRITE	
NAME SIREET ADDRESS CITY-ST-ZIP			 EIN 	IHIS	SPACE	
title Name Street address City-St-Zip	_				The second secon	
TITLE NAME STREET ADDRESS GITY-ST-ZIP			 11. 11. 11.		The second secon	

I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I turther 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 receivery trustee empowered to execute this report as required by Chapter 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment type an address, with all other like empowered.

SIGNATURE: