


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000014984

1. Entity Name
COMMERCIAL FUNDING GROUP, INC.



Principal Place of Business
**2896 PINEHURST AVE
 BELLEAIR BLUFFS, FL 33770-1726**

Mailing Address
**2896 PINEHURST AVE
 BELLEAIR BLUFFS, FL 33770-1726**

DO NOT WRITE IN THIS SPACE



03032004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3699900 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SELLS, SANDRA L
 2896 PINEHURST AVE
 BELLEAIR BLUFFS, FL 33770**

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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: *Sandra L. Sells* DATE: **3-02-2004**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

U00000077090
 03/05/04-80028-008 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS SELLS, SANDRA L 2896 PINEHURST AVE BELLEAIR BLUFFS, FL 337701726
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT SELLS, GENE 2896 PINEHURST AVE BELLEAIR BLUFFS, FL 337701726
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Sandra L. Sells* V.P. DATE: **3-2-04** DAYTIME PHONE #: **787 585-9404**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR