

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000102624

1. Entity Name
COMMERCE CONSTRUCTION OF SOUTH FLORIDA, INC.



Principal Place of Business
2817 NE 32ND ST., #217
FT. LAUDERDALE, FL 33306

Mailing Address
2817 NE 32ND ST., #217
FT. LAUDERDALE, FL 33306



03292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1147210

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HOLM, WILLIAM
2817 NE 32ND ST., #217
FT. LAUDERDALE, FL 33306

**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 _____
Signature typed or printed (name of registered agent and title if applicable)

**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

DOCUMENT 10536
04/12/04-P0001-023 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME HOLM, WILLIAM
STREET ADDRESS 2817 NE 32ND ST., #217
CITY-ST-ZIP FT. LAUDERDALE, FL 33306

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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)(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 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: William R. Holm
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/04 954-561-2690
Date Daytime Phone #