


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000035789</b> 1. Entity Name EXPERT COMM, INC.	
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Principal Place of Business 140 ISLAND WAY #288 CLEARWATER BEACH, FL 33767	Mailing Address 140 ISLAND WAY #288 CLEARWATER BEACH, FL 33767
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**DO NOT WRITE IN THIS SPACE**



04052005 No Chg-P CR2E034 (10/03)

4. FEI Number 04-3640970	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**6. Name and Address of Current Registered Agent**

HAMILTON, ROSALIE R  
1257 DREW ST., NO. 2  
CLEARWATER, FL 33755

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11000000232268  
04/07/05-80060-025 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD HAMILTON, ROSALIE R 1257 DREW ST., NO. 2 CLEARWATER, FL 33755
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IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #