

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000021894	
1. Entity Name COMMERCIAL CONTRACTING DIVISION, INC.	

Principal Place of Business 709 SE 5TH ST STUART, FL 34994	Mailing Address P.O. BOX 2714 STUART, FL 34995
---	---

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent PERRY, STEVEN L 2400 SE FEDERAL HIGHWAY FOURTH FLOOR STUART, FL 34994	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.	

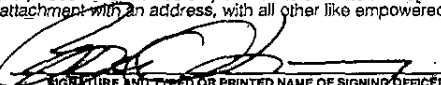
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LARAWAY, BRUCE 57 EAST SEMINOLE STREET STUART, FL 34994
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T LARAWAY, SUSAN 57 EAST SEMINOLE STREET STUART, FL 34994
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S LANGDON, EDD 1801 NE SOUTH STREET JENSEN BEACH, FL 34957
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BINKLEY, STEVEN 2532 SE KAYCEE CT PORT SAINT LUCIE, FL 34952
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)(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

BRUCE LARAWAY, PRESIDENT

01252005 No Chg-P CR2E034 (10/03)

4. FEI Number 75-3101135	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

DO NOT WRITE
IN THIS SPACE

000000218387
02/07/05-80062-011 150.00

1/26/04 772/220-3488
Date Daytime Phone #