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	Mailing Address
709 SE 5TH ST STUART, FL 34994	P.O. BOX 2714 STUART, FL 34995

01252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-3101135
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PERRY, STEVEN L
2400 SE FEDERAL HIGHWAY
FOURTH FLOOR
STUART, FL 34994

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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 _____ DATE
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, 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	P
NAME	LARAWAY, BRUCE
STREET ADDRESS	57 EAST SEMINOLE STREET
CITY-ST-ZIP	STUART, FL 34994
TITLE	T
NAME	LARAWAY, SUSAN
STREET ADDRESS	57 EAST SEMINOLE STREET
CITY-ST-ZIP	STUART, FL 34994
TITLE	S
NAME	LANGDON, EDD
STREET ADDRESS	1801 NE SOUTH STREET
CITY-ST-ZIP	JENSEN BEACH, FL 34957
TITLE	VP
NAME	BINKLEY, STEVEN
STREET ADDRESS	2532 SE KAYCEE CT
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952
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)(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: _____ 1/26/04 772/220-3488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

BRUCE LARAWAY, PRESIDENT