

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000065971

Entity Name: COMMACK REALTY, INC.

FILED
Apr 23, 2007
Secretary of State

Current Principal Place of Business:

100 AIRPORT AVE
VENICE, FL 34285

New Principal Place of Business:

400 S TAMIAMI TRAIL
SUITE 230
VENICE, FL 34285

Current Mailing Address:

100 AIRPORT AVE
VENICE, FL 34285

New Mailing Address:

400 S TAMIAMI TRAIL
SUITE 230
VENICE, FL 34285

FEI Number: 11-1830555

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURR, CARLL S III
100 AIRPORT AVE
VENICE, FL 34285 US

Name and Address of New Registered Agent:

BURR, CARLL S III
400 S TAMIAMI TRAIL
SUITE 230
VENICE, FL 34285 US

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.

SIGNATURE: CARLL S BURR, III

04/23/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BURR, CARLL S III
Address: 100 ARIPORT AVE
City-St-Zip: VENICE, FL 34285

Title: CD () Delete
Name: BURR, CARLL S JR
Address: 3730 CODBURY CIRCLE UNIT 916
City-St-Zip: VENICE, FL 34293

Title: D () Delete
Name: SVILOKOS, PAUL
Address: 8455 MANASOTA KEY RD
City-St-Zip: ENGLEWOOD, FL 34223

Title: VPT () Delete
Name: BURR, BARBARA
Address: 3730 CADBURY CIR UNIT 916
City-St-Zip: VENICE, FL 34293

Title: S () Delete
Name: DEJARDINS, DALE E SR
Address: 231 S. TAMIAMI TRAIL
City-St-Zip: NOKOMIS, FL 34275

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BURR, CARLL S III
Address: 400 S TAMIAMI TRAIL #230
City-St-Zip: VENICE, FL 34285

Title: CD (X) Change () Addition
Name: BURR, CARLL S JR
Address: 3730 CADBURY CIRCLE UNIT 916
City-St-Zip: VENICE, FL 34293

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLL S BURR, III

PD

04/23/2007

Electronic Signature of Signing Officer or Director

Date