

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000065971

Entity Name: COMMACK REALTY, INC.

FILED
Apr 30, 2008
Secretary of State

Current Principal Place of Business:

1777 TAMIAMI TRAIL, SUITE 501
PORT CHARLOTTE, FL 33948

New Principal Place of Business:

4071 SCOTCH TERRACE
NORTH PORT, FL 34286

Current Mailing Address:

1777 TAMIAMI TRAIL, SUITE 501
PORT CHARLOTTE, FL 33948

New Mailing Address:

PO BOX 380549
MURDOCK, FL 33938

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
400 S TAMIAMI TRAIL
SUITE 230
VENICE, FL 34285 US

Name and Address of New Registered Agent:

BURR, CARLL S JR
4071 SCOTCH TERRACE
NORTH PORT, FL 34286 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 JR

04/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

Title: CD () Delete
Name: BURR, CARLL S JR
Address: 3730 CADBURY 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: 4071 SCOTCH TERRACE
City-St-Zip: NORTH PORT, FL 34286

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

Title: S (X) Change () Addition
Name: ACKERMAN, MARY K
Address: 4071 SCOTCH TERRACE
City-St-Zip: NORTH PORT, FL 34286

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 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: MARY K ACKERMAN

S

04/30/2008

Electronic Signature of Signing Officer or Director

Date