

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000072275

FILED
Dec 27, 2004
Secretary of State**Entity Name:** COMMERCIAL DEVELOPMENT SOLUTIONS, INC.**Current Principal Place of Business:**6023 DOE CIRCLE E
LAKELAND, FL 33809**New Principal Place of Business:**1234 EAST LIME STREET
B
LAKELAND, FL 33801**Current Mailing Address:**5337 NORTH SOCRUM LOOP ROAD
#312
LAKELAND, FL 33809**New Mailing Address:**1234 EAST LIME STREET
B
LAKELAND, FL 33801**FEI Number:** 11-3695074**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**OWENS, SANDRA
6023 DOE CIRCLE E
LAKELAND, FL 33809 US**Name and Address of New Registered Agent:**OWENS, SANDRA
1234 EAST LIME STREET
B
LAKELAND, FL 33801 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: SANDRA L. OWENS

12/27/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** DPS () Delete
Name: OWENS, SANDRA
Address: 6023 DOE CIRCLE E
City-St-Zip: LAKELAND, FL 33809**Title:** DVT () Delete
Name: OWENS, RICHARD
Address: 6023 DOE CIRCLE E
City-St-Zip: LAKELAND, FL 33809**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** DVT (X) Change () Addition
Name: HARRELL, WILLIAM Y
Address: 4910 LUCE ROAD
City-St-Zip: LAKELAND, FL 33813

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SANDRA L. OWENS

DPS

12/27/2004

Electronic Signature of Signing Officer or Director

Date