


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90108 045 ***150.00

DOCUMENT # P03000118102	
1. Entity Name PLATINUM COMMERCIAL SERVICES, INC.	

Principal Place of Business 2847 ARBOUR TRAIL CT. DELTONA, FL 32725	Mailing Address 2847 ARBOUR TRAIL CT. DELTONA, FL 32725
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2. Principal Place of Business 2780 Benrock Ter	3. Mailing Address 2780 Benrock Ter.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Deltona, FL	City & State Deltona FL
Zip 32725	Country USA
Zip 32725	Country USA



01122006 Chg-P CR2E034 (11/05)

4. FEI Number 56-2409419	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
CRANEY, MARK J 2847 ARBOUR TRAIL CT. DELTONA, FL 32725	

7. Name and Address of New Registered Agent	
Name	Only Address changed
Street Address (P.O. Box Number is Not Acceptable)	
2780 Benrock Ter.	
City	Deltona FL
Zip Code	32725

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD CRANEY, MARK J 2847 ARBOUR TRAIL CT. DELTONA, FL 32725 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2780 Benrock Ter. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD CRANEY, TRACY A 2847 ARBOUR TRAIL CT. DELTONA, FL 32725 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2780 Benrock Ter <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: **Mark J. Craney** **1/12/06** **407-383-1779**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #