

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90172 013 ***150.00



DOCUMENT # P03000145696
 1. Entity Name
 THE COMMERCIAL OUTLET, INC.

Principal Place of Business: 517 STANTON PL. LONGWOOD FL 32779
 Mailing Address: 517 STANTON PL. LONGWOOD FL 32779

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State: City & State
 Zip: Country



1st MOORE CR2E034 (10/04)

4. FEI Number: 20-0469314 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Name and Address of Current Registered Agent: RUBIN, ALLAN L, 517 STANTON PL., LONGWOOD FL 32779
 7. Name and Address of New Registered Agent: Name: BLANCHE B. RUBIN, Street Address: 517 STANTON PLACE, City: LONGWOOD, FL, Zip Code: 32779

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: *Blanche B. Rubin* BLANCHE B. RUBIN Director 3/5/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State
 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: PSD NAME: RUBIN, ALLAN L STREET ADDRESS: 517 STANTON PL. CITY-ST-ZIP: LONGWOOD FL 32779	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VTD NAME: RUBIN, BLANCHE B STREET ADDRESS: 517 STANTON PL. CITY-ST-ZIP: LONGWOOD FL 32779	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input 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 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: *Blanche B. Rubin* BLANCHE B. RUBIN 3/5/05 407-788-9299
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #