


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 21, 2007 08:00 AM**  
**Secretary of State**

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



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

**DO NOT WRITE IN THIS SPACE**



01052007    No Chg-P    CR2E034 (11/05)

4. FEI Number 20-0469314	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

8. Name and Address of Current Registered Agent  
 RUBIN, BLANCHE B  
 517 STANTON PL.  
 LONGWOOD, FL 32779

**DO NOT WRITE IN THIS SPACE**

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 re-registering)      DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PSD RUBIN, ALLAN L 517 STANTON PL. LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VTD RUBIN, BLANCHE B 517 STANTON PL. LONGWOOD, FL 32779
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 03/25/07-80061-022 150.00

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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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Blanche B. Rubin* **BLANCHE B. RUBIN**    3/19/07    407 788-9299  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #