

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90212 023 ***150.00

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1. Entity Name
FLEET COMMERCIAL SERVICES INC.



Principal Place of Business
**4859 WEST SPENCERFIELD RD.
PACE, FL 32571**

Mailing Address
**4859 WEST SPENCERFIELD RD.
PACE, FL 32571**

40067704



2. Principal Place of Business
4436 Woodbine Rd
Suite, Apt. #, etc.

3. Mailing Address
4436 Woodbine Rd
Suite, Apt. #, etc.

04242006 Chg-P CR2E034 (11/05)

City & State
PACE, FL 3
Zip
32571

City & State
PACE, FL
Zip
32571

4. FEI Number
20-0912938
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**ALLEN, DOUGLAS R
4859 WEST SPENCERFIELD RD.
PACE, FL 32571**

7. Name and Address of New Registered Agent

Name **KATHY E. NELSON, CPA**
Street Address (P.O. Box Number is Not Acceptable)
4771 LIVINGSTON DR
City **PENSACOLA** FL Zip Code **32504**

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, the registered agent.

SIGNATURE **Kathy E Nelson, CPA**
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/24/06
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00**

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

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **ALLEN, BRANDI L**
STREET ADDRESS **4859 WEST SPENCERFIELD RD.**
CITY-ST-ZIP **PACE, FL 32571**

TITLE **V** ☒ Delete
NAME **ALLEN, DOUGLAS R**
STREET ADDRESS **4859 WEST SPENCERFIELD RD.**
CITY-ST-ZIP **PACE, FL 32571**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **BRANDI ALLEN**
STREET ADDRESS **2934 WALLACE LAKE RD**
CITY-ST-ZIP **PACE, FL 32571**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **Brandi Allen**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-06
Date

Daytime Phone #