

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000084627**

1. Entity Name  
**82 COMMERCIAL GROUP, INC.**



Principal Place of Business  
**800 W CYPRESS CREEK ROAD  
465  
FORT LAUDERDALE, FL 33309**

Mailing Address  
**800 W CYPRESS CREEK ROAD  
465  
FORT LAUDERDALE, FL 33309**



01152007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**27-0094138**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**LEGEL, LARRY  
800 W CYPRESS CREEK ROAD  
470  
FORT LAUDERDALE, FL 33309**

**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 \_\_\_\_\_

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**STD  
LEGEL, LARRY  
800 W CYPRESS CREEK ROAD, SUITE 470  
FORT LAUDERDALE, FL 33309**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DPSR  
REYNART, JEROME  
P.O. BOX 1059  
ALVA, FL 33920**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
STERLACCI, JOSEPH M  
14130 DUKE WAY  
ALVA, FL 33920**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
HOPKINS, JR, WILLIAM F  
1250 GALLEON DR  
NAPLES, FL 33939**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000758890  
05/24/07-80021-003 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Larry Legel* **LARRY LEGEL Sec 5.1.7**

**954 4938900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #