


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000106402		
1. Entity Name COMMERCIAL ENVIRONMENT INC.		
Principal Place of Business 3770 100TH PLACE PINELLAS PARK, FL 33782 US	Mailing Address 3770 100TH PLACE PINELLAS PARK, FL 33782 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SCOTT, CLARENCE K 3770 100TH PLACE PINELLAS PARK, FL 33782		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$180.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTT, CLARENCE K 3770 100 TH PLACE PINELLAS PARK, FL 33782	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTT, CHARLENE Y 3770 100TH PLACE PINELLAS PARK, FL 33782	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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: <i>Charlene Scott - Charlene Scott</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<i>1-8-07</i> <small>Date</small> <i>727-556-0678</i> <i>727-480-0173</i> <small>Daytime Phone #</small>



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1444235	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

U00000581011
01/10/07-80070-021 150.00

**DO NOT WRITE
IN THIS SPACE**