## **2008 FOR PROFIT CORPORATION**

## **ANNUAL REPORT** DOCUMENT # P04000137174 **EWEULLYNE GODFREY COMMANDER INC**

Mar 17, 2008 08:00 A Secretary of State



Principal Place of Business 9875 RIVERWOOD DRIVE WEST CRYSTAL RIVER, FL 34428

Mailing Address

9875 RIVERWOOD DRIVE WEST CRYSTAL RIVER, FL 34428



3-11-2008

Daytime Phone #

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03112008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1696956 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

**FILED** 

6. Name and Address of Current Registered Agent

COMMANDER, EWEULLYNE G 9875 RIVERWOOD DRIVE WEST CRYSTAL RIVER, FL 34428

## DO NOT WRITE IN THIS SPACE

| the obligations of registered agent.   |   |   |                 |                                    |        |  |  |  |
|--|---|---|-----------------|------------------------------------|--------|--|--|--|
| SIGNATURE  |   |   |                 |                                    |        |  |  |  |
| Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when rematating)  DATE   |   |   |                 |                                    |        |  |  |  |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.  |   | Election Campaign Financin     Trust Fund Contribution. | \$5.00 May Be   | U00000861875<br>04/03/08-80025-019 | 150.00 |  |  |  |
| 10.  | OFFICERS AND DIREC  | TORS  | <del>.</del>    |                                    |        |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | P D<br>COMMANDER, EWEULLYNE G<br>9875 RIVERWOOD DRIVE WEST<br>CRYSTAL RIVER, FL 34428 |   |                 |                                    |        |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |   |                 |                                    |        |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |   | DO NOT WRITE    |                                    |        |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | ,   | IN <sup>-</sup> | THIS SPACE                         |        |  |  |  |
| 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 fequired by Chapter 697. 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. |   |   |                 |                                    |        |  |  |  |

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