2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2011
Secretary of State

DOCUMENT# P07000098533

Entity Name: COMMERCIAL CONTRACT SERVICES OF NORTH FLORIDA, INC.

Current Principal Place of Business:

304 SUMMERCOVE CIRCLE
ST. AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

304 SUMMERCOVE CIRCLE
ST. AUGUSTINE, FL 32086

New Mailing Address:

FEI Number: 26-0833141 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAYNES, MARY E
304 SUMMERCOVE CIRCLE
ST. AUGUSTINE, FL 32086 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: HAYNES, MARY E
Address: 304 SUMMERCOVE CIRCLE
City-St-Zip: ST. AUGUSTINE, FL 32086 US

Title: VP
Name: GALY, RONALD L
Address: 148 PINE ARBOR CIRCLE
City-St-Zip: ST. AUGUSTINE, FL 32084 US

Title: S
Name: HAYNES, GUY E
Address: 304 SUMMERCOVE CIRCLE
City-St-Zip: ST. AUGUSTINE, FL 32086 US

Title: T
Name: GALY, PATRICIA L
Address: 148 PINE ARBOR CIRCLE
City-St-Zip: ST. AUGUSTINE, FL 32084 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARY HAYNES PRES 05/01/2011

Electronic Signature of Signing Officer or Director Date