

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P93000001226

1. Entity Name

COMMERCIAL CASEWORK, INC.



**FILED**  
**Aug 11, 2008 08:00 AM**  
**Secretary of State**



Principal Place of Business . . . . . Mailing Address  
6500 YOUNGERMAN CIRCLE . . . . . 6500 YOUNGERMAN CIRCLE  
JACKSONVILLE FL 32244 . . . . . JACKSONVILLE FL 32244

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E034 (4/08)

4. FEI Number 59-3160474

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOLBROOK, H. LEON III  
2301 INDEPENDENT SQUARE  
ONE INDEPENDENT DRIVE  
JACKSONVILLE FL 32202

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$550.00**  
**DUE BY September 3, 2008**  
**Make Check Payable to Florida Department of State**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00 ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME GAY, SCOTT T  
STREET ADDRESS 6500 YOUNGERMAN CIRCLE  
CITY-ST-ZIP JACKSONVILLE FL 32244

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

TITLE D ☐ Delete  
NAME GAY, LINDA  
STREET ADDRESS 6500 YOUNGERMAN CIRCLE  
CITY-ST-ZIP JACKSONVILLE FL 32244

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Scott Gay

8-8-08 904-264-4222

Date

Daytime Phone #