## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

## DOCUMENT # P93000075563

COMMERCIAL REAL ESTATE DEVELOPMENT CONSULTANTS, INC.



Principal Place of Business

FT. LAUDERDALE, FL 33316 US

Mailing Address

901 S FEDERAL HWY **SUITE 101** 

901 S FEDERAL HWY

SUITE 101

FORT LAUDERDALE, FL 33316



FILED 07 MAY 10 PM 3: 13

SECRETARY OF STATE TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E034 (11/05) 01092007 No Chg-P Applied For 4. FEI Number 59-2100470 Not Applicable 5. Certificate of Status Desired

\$8.75 Additional Fee Required 

WILKES, JOHN P.

6. Name and Address of Current Registered Agent

901 S FEDERAL HWY SUITE 101A FORT LAUDERDALE EL 33316

## DO NOT WRITE IN THIS SPACE

| TONI DAUDENDALE, TE 33310   |   |   | 111110 077102                                      |                                |  |
|---|---|---|--|--------------------------------|--|
|   | named entity submits this statement for the p<br>tions of registered agent. | urpose of changing its registered                       | office or r  | egistered agent, or bo         | oth, in the State of Florida. I am familiar with, and accept   |
| SIGNATURE.  |   |   |  |                                |  |
|   | Signature, typed or printed name of registered agent and title i            | I applicable. (NOTE Registered Aç                       | ent signature                                      | required when reinstating)     | DATE   |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2007 Fee will be \$550.00 |   | Election Campaign Financin     Trust Fund Contribution. | ig 🗆   | \$5.00 May Be<br>Added to Fees |  |
| 10.   | OFFICERS AND DIREC  | OTORS   |  |                                |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 | PD<br>JOYNER, WILLIAMS A<br>901 S FEDERAL HWY STE 101<br>FT. LAUDERDALE, FL |   | 800 <b>103023498</b><br>05/22/0701035006 **1311.25 |                                |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 |   |   |  |                                |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 |   |   |  | DO                             | NOT WRITE  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 |   |   |  | IN                             | THIS SPACE   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 |   |   |  |                                |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 |   |   |  |                                |  |
| indicated   | on this report or supplemental report is true a                             | ind accurate and that my signature                      | shall ha   | ve the same legal effe         | 9, Florida Statutes. I further certify that the information of as if made under oath; that I am an officer or director es; 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:** 

SIGNING OFFICER OR DIRECTOR