

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2007 08:00 AM
Secretary of State

DOCUMENT # P94000091813

1. Entity Name
COMMERCIAL FINANCIAL SERVICES CORPORATION



Principal Place of Business
2430 PERIWINKLE WAY
SUITE B
SANIBEL ISLAND, FL 33957

Mailing Address
P. O. BOX 716
SANIBEL, FL 33957 US

DO NOT WRITE IN THIS SPACE



01102007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0553752

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ARMENIA, LUCY
2430 PERIWINKLE WAY
SUITE B
SANIBEL ISLAND, FL 33957

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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE STD
NAME ARMENIA, LUCY
STREET ADDRESS 2430 PERIWINKLE WAY, SUITE B
CITY-ST-ZIP SANIBEL ISLAND, FL 33957

TITLE PD
NAME GIOVANNETTI, PAUL
STREET ADDRESS 2430 PERIWINKLE WAY, SUITE B
CITY-ST-ZIP SANIBEL ISLAND, FL 33957

TITLE VD
NAME ARMENIA, JOHN
STREET ADDRESS 2430 PERIWINKLE WAY, SUITE B
CITY-ST-ZIP SANIBEL ISLAND, FL 33957

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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01/19/07-80050-022 150.00

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IN THIS SPACE**

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

JOHN ARMENIA
VICE PRESIDENT

1-15-07 239-395-9300
Date Daytime Phone #