

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90045 024 ***150.00

DOCUMENT # P95000022770	
1. Entity Name	
3 D COMMERCIAL SERVICES INC.	

Principal Place of Business	Mailing Address
1950 RICARDO AVE FORT MYERS FL 33901 US	1950 RICARDO AVE FORT MYERS FL 33901 US



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
State, Apt. #, etc.	State, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State	City & State
Zip	Country

4. FEI Number	Applied For
65-0579742	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DARLING, MICHAEL L 1950 RICARDO AVE FORT MYERS FL 33901

7. Name and Address of New Registered Agent
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.

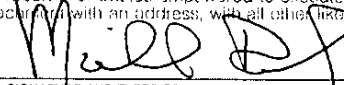
SIGNATURE _____
(Signature, typed or printed name of registered agent and date. If applicable, (NOTE: Registered Agent's signature required when reappointing) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE	P ☐ Delete
NAME	DARLING, MICHAEL L
STREET ADDRESS	1950 RICARDO AVE
CITY-STATE-ZIP	FORT MYERS FL 33901
TITLE	VP ☐ Delete
NAME	DARLING, ONE LISA
STREET ADDRESS	1950 RICARDO AVE
CITY-STATE-ZIP	FORT MYERS FL 33901
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	Darling, Lisa
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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**
Date: 1/23/08 - 454-4040