

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90053 008 ***150.00

DOCUMENT # P95000034236

1. Entity Name
COMMERZ INVESTMENTS CORPORATION



Principal Place of Business
**5214 SUNSET COURT
CAPE CORAL, FL 33904-865 US**

Mailing Address
**1317 SE 46TH LN
SUITE 207
CAPE CORAL, FL 33904-8624 US**

50016743



2. Principal Place of Business
140 SW Eldorado Pkwy

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01262005

Chg-P

CR2E034 (10/03)

City & State
Cape Coral, FL

City & State

4. FEI Number
65-0578983

Applied For
Not Applicable

Zip
33914

Country
Lee

Zip

Country

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

**THIERSMANN, LYDIA
1317 SE 46TH LANE
207
CAPE CORAL, FL 33904-8624**

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 \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
PESCH, HELMA
5214 SUNSET CT
CAPE CORAL, FL 65** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**1317 SE 46th Lane #207
Cape Coral, FL 33904** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
THIERSMANN, LYDIA
1317 SE 46TH LN, SUITE 207
CAPE CORAL, FL 24** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Cape Coral, FL 33904 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ Change ☐ Addition

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☐ Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **Lydia Thiersmann**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-05
Date

239-549-4262
Daytime Phone #