2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

DOCUMENT # P96000032905 Secretary of State COMMERCIAL SITE DEVELOPMENT, INC. Principal Place of Business Mailing Address 2152 14TH CIRCLE NORTH 2152 14TH CIRCLE NORTH ST. PETERSBURG, FL 33713 ST. PETERSBURG, FL 33713 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. Chg-P 01082004 CR2E034 (10/03) City & State City & State Applied For 4. FEI Numbe 59-3385965 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SCHERER, CLARK H III Street Address (P.O. Box Number is Not Acceptable) 2152 14TH CIRCLE NORTH ST. PETERSBURG, FL 33713 Zio Code 9. 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Detete TITLE Change Addition MAME AGUIRRE, FRED C NAME U000000093780 STREET ADDRESS 131 ROSWELL ST STE B-1 STREET ADDRESS 03/22/04-80033-001 150.00 CITY ST-ZIP ALPHARETTA, GA 30004 CITY ST ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME SCHERER, CLARK H III NAME STREET ADDRESS 2152 14TH CIRCLE NORTH STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG, FL 33713 CITY ST ZIP TITLE ☐ Delete TITLE Change Addition NAME SERTICH, LARRY M HAME STREET ADDRESS 131 ROSWELL ST STE B-1 STREET ADDRESS CITY-ST-7IP ALPHARETTA, GA 30004 CITY - ST - ZIP TITLE ☐ Derete TITLE Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST ZIP Delete TITLE Change ☐ Addition MAME NAME STREET ADDRESS STREET ATTORESS CITY-ST-ZIP CITY-ST ZIP TITLE Delete IITLE ☐ Change ☐ Add∃ion MAME STREET ADDRESS STREET ADDRESS CITY ST ZIP 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 emergered 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 amadruss, with all other like empowered.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Mar 22, 2004 08:00 AM