2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

May 04, 2006 8:00 am Secretary of State DOCUMENT # P96000032905 05-04-2006 90248 021 ***150.00 COMMERCIAL SITE DEVELOPMENT, INC. Principal Place of Business Mailing Address იიიтდეგვ 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. 04202006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 59-3385965 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCHERER, CLARK H III. 2152 14TH CIRCLE NORTH: Street Address (P.O. Box Number is Not Acceptable) ST. PETERSBURG, FL 33713 City Zip Code FL 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) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. D TITLE TITLE Change ☐ Delete AGUMRE, FRED C SIIS OLD ELLIS POINTE anitibhA 🔲 AGUIRRE, FRED C NAME NAME STREET ADDRESS 131 ROSWELL ST STE B-1 STREET ADDRESS CITY-ST-ZIP ALPHARETTA, GA 30004 CITY-ST-ZIP TITLE ☐ Delete 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 D SERTICH, LARRY SIIS OLD ECUS R Change Addition SERTICH, LARRY M NAME NAME STREET ADDRESS 131 ROSWELL ST STE B-1 STREET ADDRESS ALPHARETTA, GA 30004 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TIFLE ☐ Delete THILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 to the corporation of the receiver or trusted expected 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 a supplemental 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 a supplemental 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 a supplemental report as required by Chapter 607, Florida Statutes.

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

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