


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2007 8:00 am**  
**Secretary of State**

03-22-2007 90010 036 \*\*\*150.00

DOCUMENT # P96000067885					
1. Entity Name <b>THE COMMERCIAL BANCORP, INC.</b>					
Principal Place of Business <b>330 N. NOVA RD. ORMOND BEACH, FL 32174 US</b>			Mailing Address <b>330 N. NOVA RD. ORMOND BEACH, FL 32174 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3396236</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>IGLER &amp; DOUGHERTY, P.A. 2457 CARE DRIVE TALLAHASSEE, FL 32-3085</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D HEASTER, LEWIS M <input type="checkbox"/> Delete		TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Heaster, Lewis M	
NAME	11 BROADRIVER RD		NAME	90 Riverside Drive	
STREET ADDRESS	ORMOND BEACH, FL 32174		STREET ADDRESS	Ormond Beach, FL 32174	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	C <input type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	OLIVARI, WILLIAM		NAME	Bowlen, Kevin F.	
STREET ADDRESS	8 CREEKVIEW WAY		STREET ADDRESS	22 Tidewater Dr,	
CITY-ST-ZIP	ORMOND BEACH, FL 32174		CITY-ST-ZIP	Ormond Beach, FL 32174	
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SELBY, DWIGHT C		NAME		
STREET ADDRESS	1535 OAK FOREST DR		STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH, FL 32174		CITY-ST-ZIP		
TITLE	PD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RAMIREZ, RAFAEL A		NAME		
STREET ADDRESS	23 EAGLE COURT		STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH, FL 32174		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FORNARI, LAWRENCE J		NAME		
STREET ADDRESS	112 PONCE DE LEON CIR		STREET ADDRESS		
CITY-ST-ZIP	PONCE INLET, FL 32127		CITY-ST-ZIP		
TITLE	C <input type="checkbox"/> Delete		TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAUER, KIRK T		NAME	Bauer, Kirk T	
STREET ADDRESS	3355 BLACK BEAR TRAIL		STREET ADDRESS	3355 Black Bear Trail	
CITY-ST-ZIP	DELAND, FL 32724		CITY-ST-ZIP	DeLand, FL 32724	
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: <u>Rafael A. Ramirez, Sr. President &amp; Director 3-20-07</u> (386) 252-3131					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					