2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2009
Secretary of State

DOCUMENT# P96000067885

Entity Name: THE COMMERCIAL BANCORP, INC.

Current Principal Place of Business:

1240 W GRANADO BLVD
ORMOND BEACH, FL 32174 US

New Principal Place of Business:

1240 W GRANADA BLVD
ORMOND BEACH, FL 32174 US

Current Mailing Address:

1240 W GRANADO BLVD
ORMOND BEACH, FL 32174 US

New Mailing Address:

1240 W GRANADA BLVD
ORMOND BEACH, FL 32174 US

FEI Number: 59-3396236 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

IGLER & DOUGHERTY, P.A.
2457 CARE DRIVE
TALLAHASSEE, FL 323085 US

Name and Address of New Registered Agent:

IGLER & DOUGHERTY, P.A.
2457 CARE DRIVE
TALLAHASSEE, FL 32308 US

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.

SIGNATURE: _____ 04/07/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: HEASTER, LEWIS M
Address: 90 RIVERSIDE DRIVE
City-St-Zip: ORMOND BEACH, FL 32176

Title: C ( ) Delete
Name: OLIVARI, WILLIAM
Address: 8 CREEKVIEW WAY
City-St-Zip: ORMOND BEACH, FL 32174

Title: D ( ) Delete
Name: SELBY, DWIGHT C
Address: 1535 OAK FOREST DR
City-St-Zip: ORMOND BEACH, FL 32174

Title: PD ( ) Delete
Name: RAMIREZ, RAFAEL A
Address: 23 EAGLE COURT
City-St-Zip: ORMOND BEACH, FL 32174

Title: D ( ) Delete
Name: FORNARI, LAWRENCE J
Address: 4926 SAILFISH DRIVE
City-St-Zip: PONCE INLET, FL 32127

Title: D ( ) Delete
Name: BAUER, KIRK T
Address: 3355 BLACK BEAR TRAIL
City-St-Zip: DELAND, FL 32724

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAFAEL A. RAMIREZ, JR. P&D 04/07/2009
Electronic Signature of Signing Officer or Director — Date