

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90033 006 \*\*\*150.00

**DOCUMENT # P96000076710**

1. Entity Name

COMMERCE INVESTORS #1110 GP CORP.



Principal Place of Business

C/O THE COMMERCE GROUP, INC.  
1280 WEST NEWPORT CNTR. DRIVE  
DEERFIELD BEACH, FL 33442

Mailing Address

C/O THE COMMERCE GROUP, INC.  
1280 WEST NEWPORT CNTR. DRIVE  
DEERFIELD BEACH, FL 33442

94058240



04092004

No Chg-P

CR2E034 (10/03)

4. FEI Number

65-0708280

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

O'BOYLE, SHEILA L.  
C/O COMMERCE GROUP, INC.  
1280 W. NEWPORT CENTER DRIVE  
DEERFIELD BEACH, FL 33442

**DO NOT WRITE  
IN THIS SPACE**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME O'BOYLE, MARTIN E  
STREET ADDRESS 23 HIDDEN HARBOR DRIVE  
CITY-ST-ZIP GULF STREAM, FL 33444

TITLE V  
NAME RING, WILLIAM F JR  
STREET ADDRESS 1280 W NEWPORT CENTER DR  
CITY-ST-ZIP DEERFIELD BEACH, FL 33442

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MARTIN E. O'BOYLE, PRESIDENT 4/16/04 9545607413