

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000043058

1. Entity Name
CORE COMMERCE, INC.



Principal Place of Business

**1800 SECOND STREET
SUITE 971
SARASOTA, FL 34236**

Mailing Address

**CORE COMMERCE, INC.
P.O BOX 1456
SARASOTA, FL 34230**



01102008 No Chg-F CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. F.E.I. Number
65-0752891

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**MCGINNESS, W. LEE
1800 SECOND STREET SUITE 971
SARASOTA, FL 34236**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

P

NAME

MCINTOSH, JAMES D

STREET ADDRESS

1865 5TH ST

CITY-ST-ZIP

SARASOTA, FL 34236

TITLE

VP

NAME

MCINTOSH, JOY R

STREET ADDRESS

1865 5TH ST

CITY-ST-ZIP

SARASOTA, FL 34236

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

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TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

U00000468668
03/24/06-80040-009 150.00

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IN THIS SPACE**

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 507, 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

JAMES D. MCINTOSH

3/14/06

Date

Telephone #