2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Dec 09, 2004
Secretary of State

DOCUMENT# P97000104521

Entity Name: COMMERCIAL SYSTEMS GROUP, INC.

Current Principal Place of Business:

175 SEMORAN COMMERCE PLACE
SUITE D
APOPKA, FL 32703

New Principal Place of Business:

Current Mailing Address:

175 SEMORAN COMMERCE PLACE
SUITE D
APOPKA, FL 32703

New Mailing Address:

FEI Number: 52-2073956 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DEMING, WAYNE L
175 SEMORAN COMMERCE PLACE, SUITE C
APOPKA, FL 32703 US

Name and Address of New Registered Agent:

DEROSE, DINO J
175 SEMORAN COMMERCE PLACE, SUITE D
APOPKA, FL 32703 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: DINO DEROSE 12/09/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: DEMING, WAYNE L
Address: 227 W. SABAL PALM PLACE
City-St-Zip: LONGWOOD, FL 32779

Title: PD ( ) Delete
Name: CONSTANTINE, PAUL
Address: 164 TRAILER HAVEN
City-St-Zip: APOPKA, FL 32712

Title: S ( ) Delete
Name: RIGDON, RICHARD J
Address: 1635 BROOKS LANE
City-St-Zip: OVIEDO, FL 32765

Title: VPD (X) Delete
Name: RIGDON, RICHARD
Address: 1635 BROOKS LANE
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: DEROSE, DINO J
Address: 3209 DEER CHASE RUN
City-St-Zip: LONGWOOD, FL 32779

Title: VPD (X) Change ( ) Addition
Name: CONSTANTINE, PAUL
Address: 164 TRAILER HAVEN
City-St-Zip: APOPKA, FL 32712

Title: S (X) Change ( ) Addition
Name: CONSTANTINE, PAUL J
Address: 164 TRAILER HAVEN LANE
City-St-Zip: APOPKA, FL 32712

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DINO DEROSE PRES 12/09/2004
Electronic Signature of Signing Officer or Director Date