

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90854 035 ***150.00

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01152007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0839866	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DOCUMENT # P98000031384
 1. Entity Name
COMMERCIAL PARTNERS, INC.



Principal Place of Business 11380 PROSPERITY FARMS ROAD SUITE 209A PALM BEACH GARDENS, FL 33410	Mailing Address 11380 PROSPERITY FARMS ROAD SUITE 209A PALM BEACH GARDENS, FL 33410
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

COLLINS, JEFFREY J
 11380 PROSPERITY FARMS ROAD
 SUITE 209A
 PALM BEACH GARDENS, FL 33410

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLINS, JEFFREY J 11380 PROSPERITY FARMS RD STE 209A PALM BEACH GARDENS, FL 33410
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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 prepare 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: *Jeffrey J Collins* **4-13-07** 501-627-5444
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #