

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90015 021 \*\*\*150.00

**DOCUMENT # P98000088406**

1. Entity Name

COMMERCIAL CONSTRUCTION CONSULTANTS, INC.



Principal Place of Business

~~1115 SHORELINE LANE,~~  
~~1716 GARDEN LAKE DRIVE-WINTERSET S.E.~~  
WINTER HAVEN FL 33884

Mailing Address

~~335 MAGNOLIA AVE S.W.~~  
~~1716 GARDEN LAKE DRIVE-WINTERSET S.E.~~  
WINTER HAVEN FL 33884

02010377



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3537722

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SMITH, ANNA M  
~~1716 GARDEN LAKE DR-WINTERSET SE~~  
WINTER HAVEN FL 33884

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

~~1115 SHORELINE LANE - WINTERSET S.E.~~

City

FL

Zip Code

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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PSTD ☐ Delete  
NAME SMITH, ANNA M ~~1115 SHORELINE LANE~~  
STREET ADDRESS ~~1716 GARDEN LAKE DRIVE-WINTERSET S.E.~~  
CITY-ST-ZIP WINTER HAVEN FL 33884

TITLE V ☐ Delete  
NAME SMITH, THOMAS E ~~1115 SHORELINE LANE~~  
STREET ADDRESS ~~1716 GARDEN LAKE DRIVE-WINTERSET S.E.~~  
CITY-ST-ZIP WINTER HAVEN FL 33884

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Anna M. Smith*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2 Feb 2004  
Date

863  
294-1183  
Daytime Phone #