

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 18, 2006 8:00 am**  
**Secretary of State**

07-18-2006 90084 035 \*\*\*150.00

DOCUMENT # P98000088406  
 1. Entity Name  
 COMMERCIAL CONSTRUCTION CONSULTANTS, INC.



Principal Place of Business  
 1115 SHORELINE LANE  
 WINTERSET S.E.  
 WINTER HAVEN, FL 33884

Mailing Address  
 335 MAGNOLIA AVE S.W  
 WINTER HAVEN, FL 33884

40099666



01092006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br>59-3537722                               | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

6. Name and Address of Current Registered Agent  
 SMITH, ANNA M  
 1115 SHORELINE LANE  
 WINTERSET SE  
 WINTER HAVEN, FL 33884

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PSTD<br>SMITH, ANNA M<br>1115 SHORELINE LN, WINTERSET SE<br>WINTER HAVEN, FL 33884  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>SMITH, THOMAS E<br>1115 SHORELINE LN, WINTERSET S.E.<br>WINTER HAVEN, FL 33884 |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 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 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: Thomas E. Smith  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13 July 2006  
 Date

Daytime Phone #

ATTACHMENT

40099666

Commercial Construction Consultants, Inc.  
1115 Shoreline Lane  
Winter Haven, Florida 33884

July 6, 2006

Department of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

RE: Commercial Construction Consultants, Inc.  
DOCUMENT #: P98000088406

Gentlemen:

Enclosed is a copy of your Notice of Intent to Dissolve postcard, our 2006 For Profit Corporation Annual Report, and check number 2060 in the amount of \$150.00 representing payment of the tax due with the filing of this return.

Due to illness and a change in address, we did not receive the Uniform Business Report from your office. We respectfully request that you abate any late filing fees since we did not receive any previous correspondence from your office.

Thank you for your assistance in this matter.

Sincerely,



Thomas E. Smith  
Vice President

encl