

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 29, 2005 8:00 am**  
**Secretary of State**

07-29-2005 90015 005 \*\*\*150.00

<b>DOCUMENT # P99000012480</b>	
1. Entity Name <b>NATIONAL COMMERCIAL SERVICES, INC.</b>	

Principal Place of Business <b>C/O CHARLES GUGEL 3861 N.E. 15TH AVE. POMPANO BEACH, FL 33064</b>	Mailing Address <b>P.O. BOX 1005 AUBURNDALE, FL 33823</b>
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**50058646**



2. Principal Place of Business <b>3360 Ave Q NW</b>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

07262005 Chg-P CR2E034 (10/03)

City & State <b>Winter Haven, FL</b>	City & State
Zip <b>33881</b>	Country

4. FEI Number <b>65-0897910</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>GUGEL, DONALD 3861 NE 15TH AVE POMPANO BEACH, FL 33064</b>	
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7. Name and Address of New Registered Agent	
Name <b>Donald Gugel</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>3360 Ave Q, NW</b>	
City <b>Winter Haven</b>	FL Zip Code <b>33881</b>

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 <b>CHARLES GUGEL</b>	DATE <b>7-26-05</b>

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>P GUGEL, CHARLES E 3861 NW 14ST AVE POMPANO BEACH, FL 33064</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>V GUGEL, DONALD 3861 NW 14TH ST. POMPANO BEACH, FL 33064</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Charles Gugel, Pres**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **7/26/05** Daytime Phone # **863-551-1707**