


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2006 8:00 am
Secretary of State

03-02-2006 90013 042 ***150.00

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DOCUMENT # P99000033825							
1. Entity Name PREFERRED COMMERCIAL, INC.							
Principal Place of Business 1616 OAK STREET S SARASOTA, FL 34236			Mailing Address 1429 WESTBROOK DRIVE SARASOTA, FL 34231				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 65-0914405			
Applied For		Not Applicable					
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
WISE, CARL A 1429 WESTBROOK DRIVE SARASOTA, FL 34231			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	PT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	WISE, CARL A		NAME				
STREET ADDRESS	1429 WESTBROOK DRIVE		STREET ADDRESS				
CITY - ST - ZIP	SARASOTA, FL 34231		CITY - ST - ZIP				
TITLE	VPS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	WISE, SUSANNE S		NAME				
STREET ADDRESS	1429 WESTBOOK DRIVE		STREET ADDRESS				
CITY - ST - ZIP	SARASOTA, FL 34231		CITY - ST - ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY - ST - ZIP			CITY - ST - ZIP				
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NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY - ST - ZIP			CITY - ST - ZIP				
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TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY - ST - ZIP			CITY - ST - ZIP				
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: <i>Carl A. Wise</i>		CARL A. WISE		27 Feb 06			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #			