

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000039936

FILED  
Apr 01, 2012  
Secretary of State

Entity Name: COMMFLO CORPORATION

**Current Principal Place of Business:**

829 WOODWARD STREET  
LAKELAND, FL 33803 US

**New Principal Place of Business:**

**Current Mailing Address:**

829 WOODWARD STREET  
LAKELAND, FL 33803 US

**New Mailing Address:**

FEI Number: 59-3631948

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KILEY, R. JAY  
829 WOODWARD STREET  
LAKELAND, FL 33803 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: CPD  
Name: KILEY, JAY  
Address: 829 WOODWARD ST.  
City-St-Zip: TAMPA, FL 33611

Title: VPTD  
Name: KILEY, MARY LU  
Address: 829 WOODWARD ST,  
City-St-Zip: LAKELAND, FL 33803

Title: VPS  
Name: HARRIS, CHRISTY F  
Address: 150 S. PALMETTO AVE STE 300  
City-St-Zip: DAYTONA BEACH, FL 32114 US

Title: D  
Name: COLLIER, JOE  
Address: 716 S NEWPORT AVE  
City-St-Zip: TAMPA, FL 33606 US

Title: D  
Name: SHINN, TYRONE  
Address: 1602 54TH STREET WEST  
City-St-Zip: BRADENTON, FL 34209

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARY LU KILEY

VPDT

04/01/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date