

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 10, 2004 8:00 am
Secretary of State

08-10-2004 90001 007 ***550.00

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1. Entity Name
NATIONAL COMMERCIAL INVESTMENTS, INC.



Principal Place of Business
POST OFFICE B OX 915221
LONGWOOD, FL 32791-5221

Mailing Address
POST OFFICE B OX 915221
LONGWOOD, FL 32791-5221

DO NOT WRITE IN THIS SPACE



03192004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3588053

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ADAMS, SUSAN K
808 SWEET WATER ISLAND CIRCLE
LONGWOOD, FL 32779

**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

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ADAMS, PAUL L
STREET ADDRESS	PO BOX 915221
CITY - ST - ZIP	LONGWOOD, FL 327915221
TITLE	ST
NAME	ADAMS, SUSAN K
STREET ADDRESS	PO BOX 915221
CITY - ST - ZIP	LONGWOOD, FL 327915221
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
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 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:

Paul Adams
PAUL ADAMS

Aug 10 2004 4078802200
Aug 10 2004 4078802200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #