

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000071010

FILED  
May 01, 2006  
Secretary of State

Entity Name: FLORIDA COMMERCIAL BROKERS NETWORK, INC.

## Current Principal Place of Business:

255 S ORANGE AVE  
#1225  
ORLANDO, FL 32801 US

## Current Mailing Address:

255 S ORANGE AVE  
STE 1225  
ORLANDO, FL 32801 US

## New Principal Place of Business:

230 N. WESTMONTE DRIVE  
#1000  
ALTAMONTE SPRINGS, FL 32714 US

## New Mailing Address:

230 N. WESTMONTE DRIVE  
#1000  
ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 59-1536383      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MACKAY, ROBERT S  
5517 SW 69TH TERRACE  
GAINESVILLE, FL 32608 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: SELBY, DWIGHT C  
Address: 200 E GRANADA BLVD STE 200  
City-St-Zip: ORMOND BEACH, FL 32174

Title: D ( ) Delete  
Name: WEAVER, FROST  
Address: 7400 BAYMEADOWS WAY, SUITE 100  
City-St-Zip: JACKSONVILLE, FL 32256

Title: D ( ) Delete  
Name: MACKAY, ROBERT S  
Address: 5517 SW 69TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32608

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ROBERT S. MACKAY

D

05/01/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date