

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P99000107606</b>					
<b>1. Entity Name</b> CURTIS COMMERCIAL & INDUSTRIAL DEVELOPMENT, INC.					
<b>Principal Place of Business</b> 11635 N.W. 1ST AVE. GAINESVILLE, FL 32607			<b>Mailing Address</b> 11635 N.W. 1ST AVE. GAINESVILLE, FL 32607		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3631148	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
CURTIS, JOHN M 11635 N.W. 1ST AVE. GAINESVILLE, FL 32607				Name Street Address (P.O. Box Number is Not Acceptable) City	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	PD CURTIS, JOHN M 11635 N.W. 1ST AVE. GAINESVILLE, FL 32607	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-size: 1.2em;">                         900123021559                          04/11/08--01007--010 **158.75                     </div>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	STD CURTIS, GAIL W 11635 N.W. 1ST AVE. GAINESVILLE, FL 32607	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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.</b>					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			John M. Curtis Director/President		
			4/1/2008		352-332-0838
			<small>Date</small>		<small>Daytime Phone #</small>

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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