
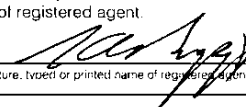
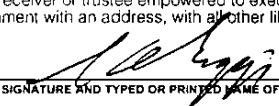


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90056 046 ***150.00

DOCUMENT # S72146 1. Entity Name AIRPORT COMMERCE CENTER, INC.					
Principal Place of Business 2300 SOUTH DOCK ST. PALMETTO, FL 34221 US			Mailing Address 2300 SOUTH DOCK ST. PALMETTO, FL 34221 US		
2. Principal Place of Business - No P.O. Box # 2300 SOUTH DOCK ST. Suite, Apt. #, etc. STE 105		3. Mailing Address 2300 SOUTH DOCK ST. Suite, Apt. #, etc. STE 105			
City & State PALMETTO FL		City & State PALMETTO, FL		4. FEI Number 65-0280958	
Zip 34221		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RIGGS, STANLEY A JR 2300 SOUTH DOCK ST PALMETTO, FL 34221				7. Name and Address of New Registered Agent Name STANLEY A. RIGGS JR Street Address (P.O. Box Number is Not Acceptable) 2300 SOUTH DOCK ST., STE-105 City PALMETTO FL Zip Code 34221	
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:  DATE: 1-17-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 P NAME RIGGS, STANLEY A STREET ADDRESS 2300 SOUTH DOCK ST. CITY-ST-ZIP PALMETTO, FL 34221	<input type="checkbox"/> Delete		TITLE P NAME STANLEY A. RIGGS STREET ADDRESS 2300 SOUTH DOCK ST. STE 105 CITY-ST-ZIP PALMETTO, FL 34221	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			Date: 1-17-08		