


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**


04-17-2007 90055 049 \*\*\*150.00

DOCUMENT # V42564		
1. Entity Name COMMONWEALTH CONSULTING CORPORATION		

Principal Place of Business 2952 CHANCERY LN CLEARWATER, FL 33759 US	Mailing Address 2952 CHANCERY LN CLEARWATER, FL 33759 US
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DO NOT WRITE IN THIS SPACE

400000



03132007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3140419	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
LAGANO, PAMELA R 2952 CHANCEY LANE <i>CHANCERY</i> CLEARWATER, FL 33759	

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LAGANO, WILLIAM J. 2952 CHANCERY LN CLEARWATER, FL 33759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LAGANO, PAMELA R. 2952 CHANCERY LN CLEARWATER, FL 33759
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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: *[Signature]* *4/17/07 237.7267910*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #