


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 22, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000065971

1. Entity Name  
 COMMACK REALTY, INC.



Principal Place of Business  
 100 AIRPORT AVE  
 VENICE, FL 34285

Mailing Address  
 100 AIRPORT AVE  
 VENICE, FL 34285

**DO NOT WRITE IN THIS SPACE**



04182005 No Chg-P CR2E034 (10/03)

4. FEI Number  
 11-1830555

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

BURR, CARLL S III  
 100 AIRPORT AVE  
 VENICE, FL 34285

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

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS:

TITLE	PD
NAME	BURR, CARLL S III
STREET ADDRESS	100 AIRPORT AVE
CITY-ST-ZIP	VENICE, FL 34285
TITLE	CD
NAME	BURR, CARLL S JR
STREET ADDRESS	3730 CODBURY CIRCLE UNIT 916
CITY-ST-ZIP	VENICE, FL 34293
TITLE	D
NAME	SVILOKOS, PAUL
STREET ADDRESS	8455 MANASOTA KEY RD
CITY-ST-ZIP	ENGLEWOOD, FL 34223
TITLE	VP
NAME	BURR, BARBARA
STREET ADDRESS	3730 CODBURY CIRCLE UNIT 916
CITY-ST-ZIP	VENICE, FL 34293
TITLE	S
NAME	DEJARDINS, DALE E SR
STREET ADDRESS	231 S. TAMiami TRAIL
CITY-ST-ZIP	NOKOMIS, FL 34275
TITLE	T
NAME	ARRIGO, MELISSA
STREET ADDRESS	4296 SYLVANIA AVE
CITY-ST-ZIP	NORTH PORT, FL 34287

U00000322375  
 04/22/05-80014-001 150.00

**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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/20/05

Daytime Phone #: 941-484-3100