

**-2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000102742

1. Entity Name
CONSOLIDATED GROUP OF MADISON, INC.



Principal Place of Business
2851 REMINGTON GREEN #D
TALLAHASSEE, FL 32308

Mailing Address
2851 REMINGTON GREEN #D
TALLAHASSEE, FL 32308



03122004 No Chg-P CR2E084 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3483845

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BITTMAN, MICHAEL J
301 E. PINE ST.
STE 1400
ORLANDO, FL 32801

**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, 2004 Fee will be \$550.00**

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

000000104404
04/06/04 00000 011 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MITCHELL, JOSEPH D
STREET ADDRESS	2851 REMINGTON GREEN #D
CITY - ST - ZIP	TALLAHASSEE, FL 32308
TITLE	D
NAME	FARMER, CHRISTOPHER G
STREET ADDRESS	2851 REMINGTON GREEN #D
CITY - ST - ZIP	TALLAHASSEE, FL 32308
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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: C.G. Farmer **C.G. FARMER** 4/3/04 850-386-2522
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #