

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000041400

1. Entity Name
CONSOLIDATED NATIONAL CORPORATION



Principal Place of Business

**901 VENETIA BAY BLVD SUITE 259
VENETIA BAY EXECUTIVE CENTRE
VENICE, FL 34285 US**

Mailing Address

**901 VENETIA BAY BLVD SUITE 259
VENETIA BAY EXECUTIVE CENTRE
VENICE, FL 34285 US**



DO NOT WRITE IN THIS SPACE

04132005 No Chg-P CR2E034 (10/03)

4. FEI Number **61-1067126** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

**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

Signature, typed or printed name of registered agent and title if applicable.

(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
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPT
SHAW, ROBERT T
731 GOLFERS RETREAT
VENICE, FL 34293**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVS
RICE, C. FRED
28921 CAVELL TERR
NAPLES, FL 34119**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
GLIESSNER, PATRICIA W
504 CLUBSIDE CIR
VENICE, FL 34293**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
RICE, JERRY W
12303 OLD LUCAS LN
ANCHORAGE, KY 40223**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**000000318893
04/20/05-80077-008 150.00**

**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: **Robert T Shaw President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

941.483.3610

Daytime Phone #