


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90051 002 ***150.00

DOCUMENT # L51136	
1. Entity Name CONSOLIDATED BUILDING CORPORATION	

Principal Place of Business 7118 SE OSPREY ST. HOBE SOUND, FL 33455 US	Mailing Address P.O. BOX 789 HOBE SOUND, FL 33475 US
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2. Principal Place of Business		3. Mailing Address 7118 SE Osprey St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Hobe Sound, FL	
Zip	Country	Zip 33455	Country US



02242006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent SMITH, RONALD 52 LIVE OAK CIRCLE TEQUESTA, FL 33469		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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, 2006 Fee will be \$550.00	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT SMITH, RONALD 52 LIVE OAK CIRCLE TEQUESTA, FL 33469 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **2/24/06** **772-546-1837**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #