


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90020 029 ***150.00

DOCUMENT # L86980 1. Entity Name SB CONSOLIDATED, INC.					
Principal Place of Business 2727 PLALACHEE PKWY TALLAHASSEE, FL 32301 US			Mailing Address PO BOX 6840 TALLAHASSEE, FL 32314-6840 US		
2. Principal Place of Business - No P.O. Box # 2075 Centre Pointe		3. Mailing Address 2075 Centre Pointe			
Suite, Apt. #, etc. Suite 200		Suite, Apt. #, etc. Suite 200			
City & State Tallahassee FL		City & State Tallahassee FL			
Zip 32308		Country US		Zip 32308	
Country US		4. FEI Number 59-3026367			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent FLAGER, CHRISTOPHER CPA 2727 APALACHEE PKWY TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2075 Centre Pointe Suite 200 City Tallahassee FL Zip Code 32308		
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 <u><i>Christopher Flager</i></u> CHRISTOPHER FLAGER 1/25/08 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> <small>DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR FLAGER, CHRISTOPHER CPA 2727 APALACHEE PKWY TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Christopher Flager</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1/25/08 850 878 6189 <small>Date Daytime Phone #</small>		