

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# L86980

Entity Name: SB CONSOLIDATED, INC.

FILED
Oct 21, 2009
Secretary of State

Current Principal Place of Business:

2075 CENTRE POINTE STE 200
TALLAHASSEE, FL 32308 US

New Principal Place of Business:

Current Mailing Address:

2075 CENTRE POINTE STE 200
TALLAHASSEE, FL 32308 US

New Mailing Address:

FEI Number: 59-3026367 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLAGER, CHRISTOPHER CPA
2075 CENTRE POINTE STE 200
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FLAGER, CHRISTOPHER CPA
Address: 2727 APALACHEE PKWY
City-St-Zip: TALLAHASSEE, FL 32301

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: FLAGER, CHRISTOPHER CPA
Address: 2075 CENTRE POINTE BLVD
City-St-Zip: TALLAHASSEE, FL 32308

Title: PRES () Change (X) Addition
Name: FLAGER, CHRISTOPHER CPA
Address: 2075 CENTRE POINTE BLVD
City-St-Zip: TALLAHASSEE, FL 32308

Title: SECT () Change (X) Addition
Name: FLAGER, CHRISTOPHER CPA
Address: 2075 CENTRE POINTE BLVD
City-St-Zip: TALLAHASSEE, FL 32308

Title: VP () Change (X) Addition
Name: FLAGER, CHRISTOPHER CPA
Address: 2075 CENTRE POINTE BLVD
City-St-Zip: TALLAHASSEE, FL 32308

Title: TREA () Change (X) Addition
Name: FLAGER, CHRISTOPHER CPA
Address: 2075 CENTRE POINTE BLVD
City-St-Zip: TALLAHASSEE, FL 32308

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTOPHER FLAGER CPA

PRES

10/21/2009

Electronic Signature of Signing Officer or Director

_____ Date