

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 08, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000071648

1. Entity Name

CONSOLIDATED AGENTS, INC.



Principal Place of Business

**233 EAST BAY STREET SUITE 630
JACKSONVILLE FL 32202**

Mailing Address

**233 EAST BAY STREET SUITE 630
JACKSONVILLE FL 32202**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number

59-3666365

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BALL, JOHN S
ONE INDEPENDENT DRIVE SUITE 2600
JACKSONVILLE FL 32202**

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, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **SD**
STREET ADDRESS **SANDERS, THOMAS D**
CITY-STATE-ZIP **1501-B MART DR
LITTLE ROCK AR 72202**

TITLE ☐ Delete
NAME **PTD**
STREET ADDRESS **SAUNDERS, MICHAEL P**
CITY-STATE-ZIP **233 EAST BAY ST. STE 630
JACKSONVILLE FL 32202**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **CHIDESTER, GLEN J**
CITY-STATE-ZIP **438 WEST PARKSIDE DR
PALATINE IL 60067**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **SMITH, JAMES L**
CITY-STATE-ZIP **3021 EPPERLY
DEL CITY OK 73115**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **GARDNER, WILLIAM E J**
CITY-STATE-ZIP **6271 DUPONT STATION CT E
JACKSONVILLE FL 32217**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition
U000000659540
03/16/07-80034-024 150.00

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Consolidated Agents, Inc.

SIGNATURE: BY:

03/01/2007

(904) 358-3856

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #