

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000071648

**FILED**  
**Mar 16, 2011**  
**Secretary of State**

**Entity Name:** CONSOLIDATED AGENTS, INC.

**Current Principal Place of Business:**

233 EAST BAY STREET SUITE 630  
JACKSONVILLE, FL 32202

**New Principal Place of Business:**

**Current Mailing Address:**

233 EAST BAY STREET SUITE 630  
JACKSONVILLE, FL 32202

**New Mailing Address:**

**FEI Number:** 59-3666365

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FISHER, TOUSEY, LEAS & BALL, P.A.  
818 N. A1A  
SUITE 104  
PONTE VEDRA BEACH, FL 32082 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:** SD  
**Name:** SANDERS, THOMAS D  
**Address:** 1501-B MART DR  
**City-St-Zip:** LITTLE ROCK, AR 72202

**Title:** PTD  
**Name:** SAUNDERS, MICHAEL P  
**Address:** 233 EAST BAY ST. STE 630  
**City-St-Zip:** JACKSONVILLE, FL 32202

**Title:** D  
**Name:** CHIDESTER, GLEN J  
**Address:** 438 WEST PARKSIDE DR  
**City-St-Zip:** PALATINE, IL 60067

**Title:** D  
**Name:** GARDNER, WILLIAM E J  
**Address:** 6271 DUPONT STATION CT E  
**City-St-Zip:** JACKSONVILLE, FL 32217

I hereby 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 all other like empowered.

**SIGNATURE:** MICHAEL P. SAUNDERS

PTD

03/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date