

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2006 8:00 am**  
**Secretary of State**

04-12-2006 90091 046 \*\*\*150.00

DOCUMENT # P02000062717



1. Entity Name  
THE CORSON GROUP INC.

Principal Place of Business  
1524 TRAVELERS PALM DR  
EDGEWATER, FL 32132

Mailing Address  
1339 BEVILLE RD  
DAYTONA BEACH, FL 32119

20028529



2. Principal Place of Business  
511 Pullman Road C-5  
Suite, Apt. #, etc.

3. Mailing Address  
1086 Willow Wood Dr  
Suite, Apt. #, etc.

03192006 Chg-P CR2E034 (11/05)

City & State  
Edgewater, FL  
Zip  
32132  
Country  
USA

City & State  
Port Orange, FL 32129  
Zip  
32129  
Country  
USA

4. FEI Number  
50-0003605  
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

ADAIR, MELODY H  
1339 BEVILLE RD.  
DAYTONA BEACH, FL 32119

Name  
ANGELA SIMPSON  
Street Address (P.O. Box Number is Not Acceptable)  
1086 Willow Wood Dr  
City  
Port Orange FL Zip Code  
32129

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: *Angela Simpson*

4-10-06

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. ☐ \$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  
D  
SIMPSON, WILLIAM D  
1524 TRAVELERS PALM DR.  
EDGEWATER, FL 32132 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
William D Simpson  
1086 Willow Wood Dr  
Port Orange, FL 32129 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
CORNINE, KENNETH D  
1615 SABAL PALM DR.  
EDGEWATER, FL 32132 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
Cornine, Kenneth D  
2815 Umbrella Tree Dr  
Edgewater, FL 32141 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Secretary  
Angela Simpson  
1086 Willow Wood Dr  
Port Orange, FL 32129 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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: *Angela Simpson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-06 478-1821  
Date Daytime Phone #