

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000012553

1. Entity Name
CONSOLIDATED EQUITY, INC.



Principal Place of Business
**10330 CHEDOAK COURT # 403
JACKSONVILLE, FL 32218**

Mailing Address
**10330 CHEDOAK COURT # 403
JACKSONVILLE, FL 32218**



01102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2534243

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MITCHELL, EDWARD R
10330 CHEDOAK COURT # 403
JACKSONVILLE, FL 32218**

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

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

**U000000781240
01/15/08-80026-010 150.00**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MITCHELL, EDWARD R
STREET ADDRESS	10330 CHEDOAK COURT
CITY-ST-ZIP	JACKSONVILLE, FL 32218

TITLE	VP
NAME	YATES, ELIZABETH A
STREET ADDRESS	P.O. BOX 37520
CITY-ST-ZIP	JACKSONVILLE, FL 32236

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-08 9047770963

Date

Daytime Phone #