

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2006 8:00 am**  
**Secretary of State**

04-05-2006 90136 047 \*\*\*150.00

DOCUMENT # P03000110902

1. Entity Name  
CONSOLIDATED CLOSINGS, INC.



Principal Place of Business  
1890 WEST BAY DRIVE  
W-5  
LARGO, FL 33770

Mailing Address  
1890 WEST BAY DRIVE  
W-5  
LARGO, FL 33770

40043804



2. Principal Place of Business

8500 E. Gospel Island Rd  
Suite, Apt. #, etc.

3. Mailing Address

8500 E. Gospel Island Rd  
Suite, Apt. #, etc.

03232006 Chg-P CR2E034 (11/05)

City & State

Inverness FL  
Zip 34450 Country USA

City & State

Inverness FL  
Zip 34450 Country USA

4. FEI Number

16-1685462

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, BETTY M  
55 HARBORVIEW LANE  
SUITE 208  
BELLEAIR BLUFFS, FL 33770

7. Name and Address of New Registered Agent

Name Betty M. Jolicœur  
Street Address (P.O. Box Number is Not Acceptable) 8500 Gospel Island Rd  
City Inverness FL Zip Code 34450

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 obligation of registered agent.

SIGNATURE *[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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE P  
NAME SMITH, BETTY M ☐ Delete  
STREET ADDRESS 55 HARBORVIEW LANE, 208  
CITY-ST-ZIP BELLEAIR BLUFFS, FL 33770

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President ☒ Change ☐ Addition  
NAME Betty M. Jolicœur  
STREET ADDRESS 8500 Gospel Island Rd  
CITY-ST-ZIP Inverness, FL 34450 ☐ Change ☐ Addition

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

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

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CITY-ST-ZIP

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

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

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]*  
Signature typed or printed name of signing officer or director

3/23/06 727  
586-0605  
Daytime Phone #