

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90006 025 ***158.75

DOCUMENT # P04000025139

1. Entity Name

CONSOLIDATED GROUP OF LAKELAND INC.



Principal Place of Business

**5343 CLAY DRIVE
LAKELAND FL 33813**

Mailing Address

**5343 CLAY DRIVE
LAKELAND FL 33813**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number

20-0774242

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

**DIXON, LEX SR.
5343 CLAY DRIVE
LAKELAND FL 33813**

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, 2005 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **DIXON, LEX SR.**
STREET ADDRESS **5343 CLAY DRIVE**
CITY-ST-ZIP **LAKELAND FL 33813**

TITLE **P** ☐ Change ☒ Addition
NAME **DIXON, LEX SR.**
STREET ADDRESS **5343 CLAY DRIVE**
CITY-ST-ZIP **LAKELAND, FL 33813**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V.D** ☐ Change ☒ Addition
NAME **TEETS, WILLIAM L.**
STREET ADDRESS **207 CHARLES STREET**
CITY-ST-ZIP **LAKELAND, FL 33803**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T.D** ☐ Change ☒ Addition
NAME **TITUS, KENNETH W.**
STREET ADDRESS **211 POINSETTA W.**
CITY-ST-ZIP **LAKELAND, FL 33803**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S.D** ☐ Change ☒ Addition
NAME **BLANKS, KEVIN D.**
STREET ADDRESS **1114 PALMETTO ST. E.**
CITY-ST-ZIP **LAKELAND, FL 33803**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **DENNY TAYLOR**
STREET ADDRESS **1843 TRISTRAM STREET**
CITY-ST-ZIP **LAKELAND, FL 33813**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **HAMILTON, PAUL K.**
STREET ADDRESS **4170 DAVES ROAD**
CITY-ST-ZIP **MULBERRY FL 33860**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Lex Dixon Sr.; LEX DIXON SR.

3/24/05

(863) 644-6289

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT
2005. FOR PROFIT CORPORATION
ANNUAL REPORT (AR)

40043926

DOCUMENT # (P04000025139)

ENTITY NAME: CONSOLIDATED GROUP OF LAKE LAND INC.

BLOCK 11 ; ADDITION (CONT.)

D

MATTHEWS, TOMMY

2456 HARTRIDGE PT. DRIVE, W.

WINTER HAVEN, FL. 33880

Lex Dixon S.; LEX DIXON SR. 3/24/05 863-644-6289