2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Sep 17, 2007
Secretary of State

DOCUMENT# P04000025139

Entity Name: CONSOLIDATED GROUP OF LAKELAND INC.

Current Principal Place of Business:

5343 CLAY DRIVE
LAKELAND, FL 33813

New Principal Place of Business:

4607 HICKORY STREAM LANE
MULBERRY, FL 33860

Current Mailing Address:

P. O. BOX 7173
LAKELAND, FL 33807

New Mailing Address:

FEI Number: 20-0774242 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

DIXON, LEX SR.
4607 HICKORY STREAM LANE
MULBERRY, FL 33860 US

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: LEX DIXON SR 09/17/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: DIXON, LEX SR.
Address: 5343 CLAY DRIVE
City-St-Zip: LAKELAND, FL 33813

Title: D ( ) Delete
Name: MATTHEWS, TOMMY
Address: 2456 HARTRIDGE POINT DR., W.
City-St-Zip: WINTER HAVEN, FL 33880

Title: VD ( ) Delete
Name: TEETS, WILLIAM L
Address: 207 CHARLES STREET
City-St-Zip: LAKELAND, FL 33803

Title: TD ( ) Delete
Name: TITUS, KENNETH W
Address: 211 POINSETTA W
City-St-Zip: LAKELAND, FL 33803

Title: SD ( ) Delete
Name: BLANKS, KEVIN D
Address: 1114 PALMETTO ST E
City-St-Zip: LAKELAND, FL 33803

Title: D ( ) Delete
Name: HAMILTON, PAUL K
Address: 4170 DAVIS ROAD
City-St-Zip: MULBERRY, FL 33860

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: DIXON, LEX SR.
Address: 4607 HICKORY STREAM LANE
City-St-Zip: MULBERRY, FL 33860

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LEX DIXON SR PD 09/17/2007
Electronic Signature of Signing Officer or Director Date