

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000137732

FILED
Mar 27, 2009
Secretary of State

Entity Name: CONSOLIDATED GROUP OF NORTHWEST FLORIDA, INC.

Current Principal Place of Business:

663 HWY 90 WEST
DEFUNIAK SPRINGS, FL 32435

New Principal Place of Business:

Current Mailing Address:

PO BOX 1449
DEFUNIAK SPRINGS, FL 32435

New Mailing Address:

FEI Number: 20-1722359

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRIZZELL, ARTHUR W
580 TWIN LAKES DRIVE
DEFUNIAK SPRINGS, FL 32433 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: FRIZZELL, ARTHUR W
Address: 580 TWIN LAKES DR.
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: VS () Delete
Name: MILLER, PAMELA
Address: 334 SOUTH 11TH STREET
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: V () Delete
Name: BETTS, WILLIE S.
Address: 1272 S. 2ND STREET
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: V () Delete
Name: FRIZZELL, III, ARTHUR
Address: 233 AERO DRIVE
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ARTHUR W FRIZZELL

PT

03/27/2009

Electronic Signature of Signing Officer or Director

Date