



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 03, 2006 8:00 am**  
**Secretary of State**

07-03-2006 90001 001 \*\*\*150.00

|   |  |   |   |  |  |
|---|--|---|---|--|--|
| <b>DOCUMENT # P05000016817</b>  |  |   |   |                       |  |
| <b>1. Entity Name</b><br>CONSOLIDATED PROPERTY MANAGEMENT GROUP, INC.   |  |   |   |  |  |
| <b>Principal Place of Business</b><br>1800 EAST BROADWAY STREET<br>SUITE 308 1026 Savage Ct.<br>OWIEDO, FL 32765<br>Longwood, FL 32750  |  |   | <b>Mailing Address</b><br>1800 EAST BROADWAY STREET<br>SUITE 308 1026 Savage Ct.<br>OWIEDO, FL 32765<br>Longwood FL 32750 |  |  |
| <b>2. Principal Place of Business</b>   |  | <b>3. Mailing Address</b>   |   |                      |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.   |   | 05252006    Chg-P    CR2E034 (11/05)   |  |
| City & State  |  | City & State  |   | <b>4. FEI Number</b><br>20-2337919   |  |
| Zip   |  | Country   |   | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| <b>6. Name and Address of Current Registered Agent</b>  |  |   |   | <b>7. Name and Address of New Registered Agent</b>   |  |
| BDB AGENT CO.<br>5355 TOWN CENTER ROAD<br>SUITE 900<br>BOCA RATON, FL 33486   |  |   |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code                  |  |
| <b>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.</b>  |  |   |   |  |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |  |   |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 6, 2006</b>   |  | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.           |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | SHAREHOLDER<br>GAYLE M ZAVODNEY<br>424 RACON STREET<br>LAKE MARY, FL 32746 | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| <b>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.</b> |  |   |   |  |  |
| <b>SIGNATURE: X</b>   |  |   | 06-27-06  |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  |   | Date    Daytime Phone #   |  |  |