

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 29, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000026464

1. Entity Name
TWIN PEAKS CONSOLIDATED, INC.



Principal Place of Business
3601 SE OCEAN BLVD STE 204
STUART, FL 34996

Mailing Address
3601 SE OCEAN BLVD STE 204
STUART, FL 34996



07032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 4. FEI Number 20-2376517 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

CALDER, ROBERT M
3601 SE OCEAN BLVD STE 204
STUART, FL 34996

**DO NOT WRITE
IN THIS SPACE**

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 *Robert M. Calder* **Robert M. Calder** **8/24/07**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

| | |
|-----------------------|--------------------------|
| TITLE | P |
| NAME | KISSLING, CYRUS H |
| STREET ADDRESS | 4 MINDORO ST |
| CITY-ST-ZIP | STUART, FL 34996 |

| | |
|-----------------------|-----------------------------------|
| TITLE | S |
| NAME | CALDER, ROBERT M |
| STREET ADDRESS | 3601 SE OCEAN BLVD STE 204 |
| CITY-ST-ZIP | STUART, FL 34996 |

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08/29/07-80002-004 150.00

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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: *Robert M. Calder* **Robert M. Calder** **8/24/07** **772-223-0115**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #