

**FOR PROFIT CORPORATION
ANNUAL REPORT**

For Office Use Only

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DOCUMENT # 08000066512

1. Entity Name

ZOEMEDIA CONSOLIDATED INC.



FILED

11 MAY 19 PM 2: 09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2. Principal Place of Business - No P.O. Box #

209 Chaucer Lane

3. Mailing Address

209 Chaucer Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CR2E034B (1/11)

City & State

Winter Haven FL

City & State

Winter Haven, FL

4. FEI Number

42-1762512

Applied For

Not Applicable

Zip

33884

Country

USA

Zip

33884

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Gretchen A. Bout

Street Address (P.O. Box Number is Not Acceptable)

209 Chaucer Lane

Winter Haven, FL

City

FL

Zip Code

33884

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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

Gretchen A. Bout

5/14/2011

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-instating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$650.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be

Trust Fund Contribution.

Added to Fees

E-mail Address:

gbout_9@verizon.net

E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE

P, D

NAME

Bout Gretchen

STREET ADDRESS

209 Chaucer Lane

CITY - ST - ZIP

Winter Haven, FL 33884

TITLE

S, T

NAME

Bout, Gretchen

STREET ADDRESS

209 Chaucer Lane Winter Haven

CITY - ST - ZIP

33884

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE:

Gretchen A. Bout

5/14/2011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

5/19/2011