2006 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P95000077081

1. Entity Name

CONSOLIDATED GROUP OF TAMPA, INC.



Principal Place of Business

2851 REMINGTON GREEN CIRCLE

SUITE D

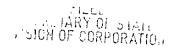
TALLAHASSEE, FL 32308

Mailing Address

2851 REMINGTON GREEN CIRCLE

SUITE D

TALLAHASSEE, FL 32308



06 MAR 15 AM 10: 59



02022006

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3341122

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BITTMAN, MICHAEL J 301 E. PINE ST. STE 1400 ORLANDO, FL 32801

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8. The above named entity submits this statement for the purpose of changi	ring its registered office or registered agent, or both in the	he State of Florida. Lam familiar with, and accept
the obligations of registered agent.	3 · · · 3 · · · · · · · · · · · · · · ·	to state of the total and the total accept
		· ·
		· ·
SIGNATURE		· ·
Signature, typed or printed name of registered agent and title if applicable,	(NOTE; Registered Agent signature required when reinstating)	DATE
		OATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

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

10.	OFFICERS AND DIRECTORS
THTLE	PD
NAME	FARMER, C. GUY
STREET ADDRESS	2851 REMINGTON GREEN CIRCLE, SUITE D
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	STD
NAME	MITCHELL, JOSEPH D
STREET ADDRESS	2851 REMINGTON GREEN CIRCLE, SUITE D
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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TITLE	
NAME	
STREET ADORESS	
CITY-ST-ZIP	

700068557727 03/24/06--01004--008 **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:

THE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

fet PRES.

3/12/06 850-386-252