

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

FILED
2007 MAR 20 PM 3:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01102007 No Chg-P CR2E034 (11/05)

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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

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

000095175660
03/28/07--01043--029 **150.00

10. OFFICERS AND DIRECTORS

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

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IN THIS SPACE**

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:

C. G. Farmer
C. G. FARMER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres.

2/26/07
Date

850.386-2522
Daytime Phone #