

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000047470

**FILED**  
**Apr 13, 2005**  
**Secretary of State**

**Entity Name:** CONSOLIDATED REALTY GROUP, INC.

**Current Principal Place of Business:**

4255 US 1 SOUTH #9  
ST AUGUSTINE, FL 32086

**New Principal Place of Business:**

**Current Mailing Address:**

4255 US 1 SOUTH #9  
ST AUGUSTINE, FL 32086

**New Mailing Address:**

**FEI Number:** 59-3384668      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WINGO, KATHRYN M  
4255 US 1 SOUTH #9  
ST AUGUSTINE, FL 32086      US

**Name and Address of New Registered Agent:**

WINGO, KATHRYN M  
10125 CROTTY AVE  
HASTINGS, FL 32145      US

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.

SIGNATURE: KATHRYN M. WINGO

04/13/2005

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: WINGO, KATHRYN M  
Address: 728 MEDINA AVE  
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: VP      ( ) Delete  
Name: GOBETS, MICHEL  
Address: 703 MEDINA CT.  
City-St-Zip: ST. AUGUSTINE, FL 32086

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P      (X) Change ( ) Addition  
Name: WINGO, KATHRYN M  
Address: 10125 CROTTY AVE  
City-St-Zip: HASTINGS, FL 32145

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHRYN M. WINGO

PRES

04/13/2005

Electronic Signature of Signing Officer or Director

Date