

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000102742

1. Entity Name  
CONSOLIDATED GROUP OF MADISON, INC.



Principal Place of Business  
2851 REMINGTON GREEN #D  
TALLAHASSEE, FL 32308

Mailing Address  
2851 REMINGTON GREEN #D  
TALLAHASSEE, FL 32308

FILED

2007 MAR 20 PM 3:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01102007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3483845

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 03/28/07--01043--027 \*\*150.00

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME MITCHELL, JOSEPH D  
STREET ADDRESS 2851 REMINGTON GREEN #D  
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE D  
NAME FARMER, CHRISTOPHER G  
STREET ADDRESS 2851 REMINGTON GREEN #D  
CITY-ST-ZIP TALLAHASSEE, FL 32308

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

**DO NOT WRITE  
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

*Scuy*  
Date 4/26/07

850-386-2522  
Daytime Phone #