2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 19, 2007 8:00 am Secretary of State

ANNUAL REPORT							04-19-2007 90183 022 ***150.00					
DOCUI 1. Entity Nam CONSOL	S. Lynn				04-19-200	7 90183 02	22 ***150.	00				
				,		2						
Principal Place of Business 4831 KERRY FOREST PARKWAY TALLAHASSEE, FL 32808			Mailing Address PO BOX 1449 DEFUNIAK SPGS, FL 32435				40068979					
2. Principal P	lace of Busin	ess - No P.O. Box #	3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.			c	4112007	Chg-P	CR2E	034 (12/06)		
City & State			City & State			4	FEI Numbe 59-3507			<u> </u>	plied For t Applicable	
Zip	Country		Zip Coun					of Status Desire		\$8.75 Add Fee Required		
	6. Name	and Address of Current R	egistered Agent	 ,	Name 💋 .	7.	Name and		w Registered			
FLEET, H. BART FLEET, SPENCER, MARTIN & KILPATRICK, PA					TR.	<i>THV/</i> ess (P.O	R W Box Numbe	r is Not Accep	/ZZEL table)	_		
1104 EGLIN PARKWAY SHALIMAR, FL 32579-0000					580	Tu	IIN L	AKES .	DEIVE			
						_			FI	Zip Cod	2 4 3	
8. The above named entit 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 historical of the state of Florida.											and accept	
the obligations of rediscred agent:											~	
SIGNATURE 5 Signature. Typed or printed and order of 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 Finan Trust Fund Contribution.						\$5.00 Added t	May Be o Fees	· · · · · · · · · · · · · · · · · · ·	-			
10.		OFFICERS AND D	RECTORS	11.		,	ADDITIONS/	CHANGES TO	OFFICERS AN	D DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	l	PAMELA TH STREET K SPRINGS, FL 32435	☐ Delete	TITLE NAME STREET A						☐ Change	Addition	
TITLE NAME STREET ADDRESS CHY-ST-ZIP	P.O. BOX	., ARTHUR W 1449 K SPRINGS, FL 32433	☐ Delete	TITLE NAME STREET A CITY-ST	ADDRESS - ZIP	-				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-S1-ZIP	1272 S 21	BETTS, WILLIW S NAM 1272 S 2ND STREET STR		TITLE NAME STREET A		<u> </u>				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	233 AER	., ARTHUR III DDRIVE K SPRINGS, FL 32433	☐ Delete	TITLE NAME STREET A	ADDRESS - ZIP					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delate	TITLE NAME STREET A	ADDRESS - ZIP	<u> </u>				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET A CITY-ST	ADORESS - ZĮP					☐ Change	☐ Addition	

12. Thereby 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: AND TYPE IN TYPE IN THE WELTZIEL 04/16/07 850-892-7283