

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 22, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000043792

1. Entity Name
CONSOLIDATED ENGINE SERVICE, INC.



Principal Place of Business
**2720 HAVENDALE BLVD.
WINTER HAVEN, FL 33881**

Mailing Address
**2720 HAVENDALE BLVD.
WINTER HAVEN, FL 33881**

DO NOT WRITE IN THIS SPACE



02192007 No Chg-P CR2ED34 (11/05)

4. FBI Number
59-3511512

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**STEORTS, J P
2715 AVENUE U, NW
WINTER HAVEN, FL 33880**

**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 reappointing)

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**

U000000644608
03/02/07-80050-011 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
STEORTS, J P
2715 AVENUE U, NW
WINTER HAVEN, FL 33881**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
STEORTS, JONNIE L
698 AVENUE C, SE
WINTER HAVEN, FL 33880**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPST
STEORTS, JONNIE L
698 AVENUE C, SE
WINTER HAVEN, FL 33880**

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:

J. P. Steorts, J.P. Steorts
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/07
Date

863-967-9309
Daytime Phone #