


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007 8:00 am
Secretary of State

01-10-2007 90048 003 ***150.00

DOCUMENT # P98000076648	
1. Entity Name FLORIDA CONSOLIDATED AGENCY, INC.	

Principal Place of Business 14145 US HIGHWAY #1 JUNO BEACH, FL 33408	Mailing Address 14145 US HIGHWAY #1 JUNO BEACH, FL 33408
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4000000000



01032007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0923329	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
COOK, CHRISTOPHER H 205 DATURA ST WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	CD <input type="checkbox"/> Delete
NAME	COOK, CHRISTOPHER
STREET ADDRESS	205 DATURA STREET
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	PD <input checked="" type="checkbox"/> Delete
NAME	HEATWOLE, ROBERT
STREET ADDRESS	14145 US HIGHWAY
CITY-ST-ZIP	JUNO BEACH, FL 33408
TITLE	VD <input type="checkbox"/> Delete
NAME	COADY, MICHAEL
STREET ADDRESS	205 DATURA ST
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	VD <input type="checkbox"/> Delete
NAME	MAHONEY, BRIAN
STREET ADDRESS	205 DATURA STREET
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	VD <input type="checkbox"/> Delete
NAME	SHEAROUSE, JOSEPH B III
STREET ADDRESS	205 DATURA STREET
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	VS <input type="checkbox"/> Delete
NAME	LAY, WILLIAM
STREET ADDRESS	205 DATURA STREET
CITY-ST-ZIP	WEST PALM BEACH, FL 33401

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	President
STREET ADDRESS	Lay, William
CITY-ST-ZIP	205 Datura Street, West Palm Beach, FL

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:		Date	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			