

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V36704

**FILED**  
**Mar 05, 2011**  
**Secretary of State**

**Entity Name:** CONSOLIDATED COMPRESSOR, INC.

**Current Principal Place of Business:**

5435 TWIN CREEKS DR  
VALRICO, FL 33596 US

**New Principal Place of Business:**

**Current Mailing Address:**

5435 TWIN CREEKS DR  
VALRICO, FL 33596 US

**New Mailing Address:**

**FEI Number:** 59-3130937

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SMITH, CHARLES  
5435 TWIN CREEKS DR.  
VALRICO, FL 33596 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** SMITH, CHARLES R  
**Address:** 5435 TWIN CREEKS DR  
**City-St-Zip:** VALRICO, FL 33596 US

**Title:** STD  
**Name:** SMITH, LESLEY A  
**Address:** 5435 TWIN CREEKS DR  
**City-St-Zip:** VALRICO, FL 33596 US

**Title:** D  
**Name:** SMITH, PATRICIA J  
**Address:** 5435 TWIN CREEKS DR  
**City-St-Zip:** VALRICO, FL 33596 US

I hereby 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 all other like empowered.

**SIGNATURE:** CHARLES R SMITH

PD

03/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date