2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 02, 2004 8:00 am
Secretary of State
04-22-2004 90055 020 ***150.00

MOORE CR2E034 (11/03)

DOCUMENT # P04000001627

1. Entity Name
CONSIGNMENT MOTOR HOME SALES, INC.

Principal Place of Business	Mailing Address
1981 CARBONATA DR. ALVA FL 33920 US	1981 CARBONATA DR. ALVA FL 33920 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. Same	Suite, Apt. #, etc. Same
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 84 1635119 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

STAKELY, JERMEY
~~22801 SAGO PT. DR.~~
~~#1305~~
~~BONITA SPRINGS~~ FL 34135
Only address update

7. Name and Address of New Registered Agent

Name: Jeremy Stakely (No name chg.)
Street Address (P.O. Box Number is Not Acceptable): 22872 Forest Ridge Dr
City: Estero FL Zip Code 33928

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, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PRES NAME: EASLEY, ROBERT S STREET ADDRESS: 1981 CARBONATA DR. CITY-ST-ZIP: ALVA FL 33920	☑ Delete	TITLE: Pres / Sec / Treas NAME: Cheryl Hawker STREET ADDRESS: 1981 Carbonata Dr CITY-ST-ZIP: Alva Florida 33920	☑ Change ☐ Addition
TITLE: TREA NAME: HAWKER, CHERYL STREET ADDRESS: 1981 CARBONATA DR. CITY-ST-ZIP: ALVA FL 33920	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Cheryl Hawker 4/20/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #