

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90116 040 ***150.00

DOCUMENT # P00000100241					
1. Entity Name CONSIGNMENT CENTRAL, INC.					
Principal Place of Business 17264 SAN CARTES BLVD #307 FORT MYERS BEACH, FL 33931			Mailing Address 5527 SEVILLE RD FT MYERS, FL 33919		
2. Principal Place of Business - No P.O. Box # 5636 Youngquist Rd Suite, Apt. #, etc. # 344		3. Mailing Address SAME Suite, Apt. #, etc.			
City & State Ft. Myers		City & State		4. FEI Number 65-1048129	
Zip FL		Country ZEE		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ECKERTY, THOMAS G 12734 KENWOOD LANE STE 89 FT MYERS, FL 33907			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: _____ (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 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 NAME STREET ADDRESS CITY - ST - ZIP	DP GOULET, KIMBERLY S 5527 SEVILLE RD FT MYERS, FL 33919		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete ☐ Change ☐ Addition	
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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: <i>Kimberly S Goulet</i>			4/20/07 239 410 4337		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		