

2005 FOR PROFIT CORPORATION ANNUAL REPORT

05-02-2005 90463 015 *** 150.00

P01000019114

FILED

05 JUN 29 AM 8: 57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000019114

1. Entity Name

AMERICAN CONSIGNMENT FURNITURE, INC.



Principal Place of Business

29 S. 12TH STREET
JACKSONVILLE BEACH, FL 32250

Mailing Address

29 S. 12TH STREET
JACKSONVILLE BEACH, FL 32250

DO NOT WRITE IN THIS SPACE



01062005

No Chg-P

CR2E034 (10/03)

4. FEI Number

59-3702635

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AUKENS, JANE
29 S. 12TH STREET
JACKSONVILLE BEACH, FL 32250

**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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME AUKENS, JANE
STREET ADDRESS 29 S 12TH STREET
CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250

TITLE V
NAME AUKENS, STEVEN A
STREET ADDRESS 29 S 12TH STREET
CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250

TITLE T
NAME AUKENS, ERIC
STREET ADDRESS 29 S 12TH STREET
CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250

TITLE S
NAME AUKENS, MICHAEL
STREET ADDRESS 29 S 12TH STREET
CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250

TITLE D
NAME BARTELL, KATHERINE
STREET ADDRESS 29 S 12TH STREET
CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250

TITLE C
NAME AUKENS, JAMIE
STREET ADDRESS 29 S 12TH STREET
CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250

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IN THIS SPACE**

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: *Jane Aukens* JANE AUKENS

4-27-05

904-249-9200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #