

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2006 08:00 AM
Secretary of State

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**



04242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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**

000000536596
05/08/06-80100-018 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *Jane Aukens* **JANE AUKENS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

424 06

DATE

904-249-9200

DAYTIME PHONE #