2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000049173

FILED Apr 22, 2005 Secretary of State

Entity Name: STATEWIDE RECOVERY CONSIGNMENT & SALES INC.

Current Principal Place of Business:			New Principal Place of Business:	
3075 FOW FT MYERS	/LER ST S, FL 33901			
Current Mailing Address:			New Mailing Address:	
3075 FOW FT MYERS	/LER ST S, FL 33901			
FEI Number	: 65-1113944	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	Address of C	Current Registered Agent:	Name and Address of	of New Registered Agent:
PROIA, GI 3075 FOW FT MYERS		US		
	named entity : e of Florida.	submits this statement for the լ	purpose of changing its registere	d office or registered agent, or both,
SIGNATUI	RE:			
	Electror	nic Signature of Registered Ag	ent	Date
Election Car	mpaign Financin	g Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () PARKER, MICH 613 ASTARIAS FT MYERS, FL	CIR	Title: Name: Address: City-St-Zip:	() Change () Addition
) Delete	Title: Name:	() Change () Addition
Title: Name: Address: City-St-Zip:	PROIA, GARY 5280 FAIRFIEL FT MYERS, FL		Address: City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: GINO PROIA D 04/22/2005