

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000049173

FILED  
Jul 05, 2006  
Secretary of State

Entity Name: STATEWIDE RECOVERY CONSIGNMENT & SALES INC.

## Current Principal Place of Business:

3075 FOWLER ST  
FT MYERS, FL 33901

## New Principal Place of Business:

1705 COLONIAL BLVD  
SUITE A3  
FT MYERS, FL 33907

## Current Mailing Address:

3075 FOWLER ST  
FT MYERS, FL 33901

## New Mailing Address:

1705 COLONIAL BLVD  
SUITE A3  
FT MYERS, FL 33907

FEI Number: 65-1113944

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PROIA, GINO  
3075 FOWLER ST  
FT MYERS, FL 33901 US

## Name and Address of New Registered Agent:

PARKER, MICHAEL  
1705 COLONIAL BLVD  
SUITE A3  
FT MYERS, FL 33907 US

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.

SIGNATURE: MICHAEL PARKER

07/05/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: PARKER, MICHAEL  
Address: 613 ASTARIAS CIR  
City-St-Zip: FT MYERS, FL 33919

Title: D ( ) Delete  
Name: PROIA, GARY  
Address: 5280 FAIRFIELD DR  
City-St-Zip: FT MYERS, FL 33919

Title: D ( ) Delete  
Name: PROIA, GINO  
Address: 3075 FOWLER ST  
City-St-Zip: FT MYERS, FL 33901

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: LESTER, STANLEY  
Address: 1418 LOMA LINDA DR.  
City-St-Zip: FT MYERS, FL 33919

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: MICHAEL PARKER

D

07/05/2006

Electronic Signature of Signing Officer or Director

Date