

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000049173

FILED
Apr 30, 2007
Secretary of State

Entity Name: STATEWIDE RECOVERY CONSIGNMENT & SALES INC.

Current Principal Place of Business:

1705 COLONIAL BLVD
SUITE A3
FT MYERS, FL 33907

New Principal Place of Business:

1705 COLONIAL BLVD
SUITE A1
FT MYERS, FL 33907

Current Mailing Address:

1705 COLONIAL BLVD
SUITE A3
FT MYERS, FL 33907

New Mailing Address:

1705 COLONIAL BLVD
SUITE A1
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:

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

Name and Address of New Registered Agent:

PARKER, MICHAEL
1705 COLONIAL BLVD
SUITE A1
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:

04/30/2007

Electronic Signature of Registered Agent

Date

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: LESTER, STANLEY
Address: 1418 LOMA LINDA DR.
City-St-Zip: FT MYERS, FL 33919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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

04/30/2007

Electronic Signature of Signing Officer or Director

Date