

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000049173

FILED  
Apr 08, 2008  
Secretary of State

**Entity Name:** STATEWIDE RECOVERY CONSIGNMENT & SALES INC.

**Current Principal Place of Business:**

1705 COLONIAL BLVD  
SUITE A1  
FT MYERS, FL 33907

**New Principal Place of Business:**

**Current Mailing Address:**

1705 COLONIAL BLVD  
SUITE A1  
FT MYERS, FL 33907

**New Mailing Address:**

**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 A1  
FT MYERS, FL 33907 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

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

04/08/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date