


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 12, 2004 8:00 am**  
**Secretary of State**

05-12-2004 90206 046 \*\*\*150.00

<b>DOCUMENT # P02000016781</b> 1. Entity Name <b>HOME AGAIN CONSIGNMENT, INC.</b>					
Principal Place of Business <b>9911 RACETRACK ROAD TAMPA, FL 33626</b>			Mailing Address <b>9911 RACETRACK ROAD TAMPA, FL 33626</b>		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>04-3602843</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>KAYE, MICHELLE 9911 RACETRACK ROAD TAMPA, FL 33626</b>			7. Name and Address of New Registered Agent Name <b>Juan Navarro</b> Street Address (P.O. Box Number is Not Acceptable) <b>8007 Hiawatha Street</b> City <b>Tampa</b> <b>FL</b> Zip Code <b>33615</b>		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <input checked="" type="checkbox"/> Delete NAME <b>KAYE, MICHELLE</b> STREET ADDRESS <b>9911 RACETRACK ROAD</b> CITY-ST-ZIP <b>TAMPA, FL 33626</b>			TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>Juan Navarro</b> STREET ADDRESS <b>8007 Hiawatha Street</b> CITY-ST-ZIP <b>Tampa FL 33615</b>		
TITLE <input checked="" type="checkbox"/> Delete NAME <b>FITZGERALD, ROBYN</b> STREET ADDRESS <b>9911 RACETRACK ROAD</b> CITY-ST-ZIP <b>TAMPA, FL 33626</b>			TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>Constance Navarro</b> STREET ADDRESS <b>8007 Hiawatha Street</b> CITY-ST-ZIP <b>Tampa FL 33615</b>		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify 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 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.					
<b>SIGNATURE:</b> <u>Juan Navarro</u> <span style="float: right;">4/30/04</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					