

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90998 044 \*\*\*150.00

DOCUMENT # P02000055586

1. Entity Name  
CANDACE'S CONSIGNMENT CLOSET INC.



Principal Place of Business  
2556 SPARKLE LANE  
NORTH PORT, FL 34286

Mailing Address  
2556 SPARKLE LANE  
NORTH PORT, FL 34286

14010000



03192004 Chg-P CR2E034 (10/03)

2. Principal Place of Business  
*Village Market place*  
Suite, Apt. #, etc.  
*1825 Tamiami trail*  
City & State  
*Unite1*

3. Mailing Address  
Suite, Apt. #, etc.  
City & State

4. FEI Number  
48-1278619  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
Zip *81* Country *Forstcharlotte* Zip *33548* Country

SHEEHAN, SEAN J  
2556 SPARKLE LANE  
NORTH PORT, FL 34286

7. Name and Address of New Registered Agent  
Name  
City  
FL Zip Code

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 *Candace Marie Sheehan Vice-president* DATE *April - 26-04*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PSD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEEHAN, SEAN		NAME		
STREET ADDRESS	2556 SPARKLE LANE		STREET ADDRESS		
CITY-ST-ZIP	NORTH PORT, FL 34286		CITY-ST-ZIP		
TITLE	VPTD <i>Candace</i>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEEHAN, CANDACE		NAME		
STREET ADDRESS	2556 SPARKLE LANE		STREET ADDRESS		
CITY-ST-ZIP	NORTH PORT, FL 34286		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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.

SIGNATURE: *Candace M. Sheehan* DATE: *April - 26-04* 945  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #