

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90275 019 ***150.00

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1. Entity Name

CONSIGNMENT PLUS INCORPORATED



Principal Place of Business

**1202 PINE ISLAND RD UNIT 1-B
CAPE CORAL, FL 33909**

Mailing Address

**1202 PINE ISLAND RD UNIT 1-B
CAPE CORAL, FL 33909**

14010599



04112005 No Chg-P CR2E034 (10/03)

4. FEI Number

84-1638109

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MIULLI, PAM
1202 PINE ISLAND RD UNIT 1-B
CAPE CORAL, FL 33909**

**DO NOT WRITE
IN THIS SPACE**

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

Camela Miulli *Vice President*

4-14-05

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	QUINN, JOSEPH
STREET ADDRESS	1202 PINE ISLAND RD UNIT 1-B
CITY-ST-ZIP	CAPE CORAL, FL 33909
TITLE	DV
NAME	MIULLI, PAM
STREET ADDRESS	1202 PINE ISLAND RD UNIT 1-B
CITY-ST-ZIP	CAPE CORAL, FL 33909
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Camela A. Miulli

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-05

Date

239-573-9006

Daytime Phone #