


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90124 031 \*\*\*150.00

DOCUMENT # P03000096224	
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
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**DO NOT WRITE IN THIS SPACE**



04092008 No Chg-P CR2E034 (11/05)

4. FEI Number 84-1638109	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing)

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP QUINN, JOSEPH 1202 PINE ISLAND RD UNIT 1-B CAPE CORAL, FL 33909
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MIULLI, PAM 1202 PINE ISLAND RD UNIT 1-B CAPE CORAL, FL 33909
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Pamela A. Miulli Pamela A. Miulli 4-30-08 239-573-9006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #